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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 07960         | )0001   | CITY OR TOWN             | NEWBURYPORT                      |
|-------------------------------|---|--------------------------|----------------------------------|
| APPLICATION FOR RENE          | EWAL: Annual  | LICEN                    | SED FOR 2013                     |
|                               | CLASS   |                          | YEAR                             |
| LICENSEE NAME: MAN            | GO, INC   |                          |                                  |
| DOING BUSINESS A THE          | E ROCK FISH   |                          |                                  |
| ADDRESS 1 THREADNEE           | EDLE ALLEY  |                          |                                  |
| CITY/TOWN: NEWBURY            | YPORT STATE: N  | AA ZIP CODE:             | 01950                            |
| MANAGER: TEBBETTS<br>BRYANNA  |   | :Restaurant Ca           | ATEGORY: All Alcohol             |
| EMAIL ADDRESS:                |   |                          |                                  |
| PLEASE A                      | LSO VISIT OUR WEBSITE AND ENTER YO  | UR EMAIL ADDRESS         |                                  |
| DESCRIPTION OF LICEN          | SED PREMISES:   |                          |                                  |
|                               | 150 PATRONS. 3 FLOORS, 'ND AND 3RD FLRS FOR DI  |                          |                                  |
| I hereby certify and swear un | nder penalties of perjury that:   |                          |                                  |
| 1. the renewed licer          | nse will be of the same type for  | the same premises now    | licensed;                        |
| 2. the licensee has c         | complied with all laws of the C   | Commonwealth relating to | o taxes; and                     |
| 3. the premises are           | now open for business (If not e   | explain below)           |                                  |
|                               |   |                          |                                  |
| SIGNED BY<br>Indiv            | idual, Partner or Authorized C  | orporate Officer         |                                  |
|                               |   |                          |                                  |
|                               |   |                          |                                  |
| DATE:                         | TELEPHONE NUMBER:   | EMPLOYER                 | R IDENTIFICATION NUMBER:         |
|                               | TEEE HOLE TOWNER.   | (Note: NOT Ind           | lividual Social Security Number) |
| Acts of 2004, signed by the   | t that we are in possession (1<br>e building inspector and the<br>certificate of liquor liability | head of the fire departi | ment for the above               |
| Please Check Below:           |   | LOCAL LICENS             | SING AUTHORITY                   |
| APPROVED:                     |   | Ву:                      |                                  |
| DISAPPROVED:                  |   |                          |                                  |
| (If disapproved explain)      |   |                          |                                  |
|                               |   |                          |                                  |
| DATE:                         |   |                          |                                  |
|                               |   |                          |                                  |



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| LICENSE NUI                | MBER: 079600002  |                      | CITY OR TOWN          | NEWBURYPORT                                   |  |  |
|----------------------------|--|----------------------|-----------------------|---|--|--|
| APPLICATIO                 | N FOR RENEWAL:   | Annual               | LICEN                 | LICENSED FOR 2013                             |  |  |
|                            |  | CLASS                |                       | YEAR  |  |  |
| LICENSEE NA                | AME: THE TURIN COMPA   | ANY, INC.            |                       |   |  |  |
| DOING BUSI                 | NESS A DAVID'S RESTAU  | RANT                 |                       |   |  |  |
| ADDRESS 11                 | BROWN SQ.  |                      |                       |   |  |  |
| CITY/TOWN:                 | NEWBURYPORT  | STATE: MA            | ZIP CODE:             | 01950   |  |  |
| MANAGER:                   | PFINGST, TYPE STEPHEN D.   | OF LICENSE: Int      | nholder CA            | ATEGORY: All Alcohol                          |  |  |
| EMAIL ADDR                 | RESS:  |                      |                       |   |  |  |
|                            | PLEASE ALSO VISIT OUR WEBS   | ITE AND ENTER YOUR E | MAIL ADDRESS          |   |  |  |
|                            | N OF LICENSED PREMISE  |                      |                       |   |  |  |
|                            | T AREA CONSISTING OF A<br>NSISTS OF A RESTAURAN  |                      |                       |   |  |  |
| I hereby certify           | and swear under penalties of   | f perjury that:      |                       |   |  |  |
|                            | renewed license will be of the   |                      | =                     |   |  |  |
|                            | licensee has complied with al  |                      | _                     | taxes; and                                    |  |  |
| 3. the                     | premises are now open for bu   | isiness (If not expl | ain below)            |   |  |  |
| CICNED DV                  |  |                      |                       |   |  |  |
| SIGNED BY                  | Individual, Partner or   | · Authorized Corp    | orate Officer         |   |  |  |
|                            |  |                      |                       |   |  |  |
|                            |  |                      |                       |   |  |  |
| DATE:                      | TELEPHONE :  | NUMBER:              | EMPLOYER              | R IDENTIFICATION NUMBER:                      |  |  |
|                            |  |                      | (Note: NOT Ind        | (Note: NOT Individual Social Security Number) |  |  |
| Acts of 2004,              | rsigned, attest that we are in<br>signed by the building inspe<br>e and (2) the certificate of lie | ector and the hea    | d of the fire departi | nent for the above                            |  |  |
| Please Check Belo          | ow:  |                      | LOCAL LICENS          | ING AUTHORITY                                 |  |  |
| APPROVED:                  |  |                      | By:                   |   |  |  |
| DISAPPROVE (If disapproved |  |                      |                       |   |  |  |
| (11 disapproved            | · Capium)  |                      |                       |   |  |  |
|                            |  |                      |                       |   |  |  |
| DATE:                      |  |                      |                       |   |  |  |
|                            |  |                      |                       |   |  |  |



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| LICENSE NUMBER: 079600003   | CITY OR TOWN NEWBURYPORT   |
|---|--|
| APPLICATION FOR RENEWAL: Annual   | LICENSED FOR 2013  |
| CLASS   | YEAR   |
| LICENSEE NAME: NEWBURYPORT 10 CENTER ST<br>DOING BUSINESS A TEN CENTER STREET RESTAU  |  |
| ADDRESS 002-14 CENTER ST.   |  |
| CITY/TOWN: NEWBURYPORT STATE: M   | A ZIP CODE: 01950  |
| MANAGER: BATISTA, NANCY TYPE OF LICENSE:  | Restaurant CATEGORY: All Alcohol                                 |
| EMAIL ADDRESS:  |  |
| PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU   | IR EMAIL ADDRESS   |
| DESCRIPTION OF LICENSED PREMISES:   |  |
| 2 STORY BRICK BLDG WITH TWO STORY WOOD FI<br>AND PUB ON FIRST FLOOR, KITCHEN, REST ROOMS<br>DINING ROOMS AND PANTRY ON SECOND FLOOR,<br>ENTRANCES ON SIDE OF BLDG, ONE ENTRANCE/TV    | AND FOYER ON FIRST FLOOR, THREE<br>FULL STORAGE IN BASEMENT. TWO |
| I hereby certify and swear under penalties of perjury that:   |  |
| 1. the renewed license will be of the same type for   | -  |
| 2. the licensee has complied with all laws of the Co  |  |
| 3. the premises are now open for business (If not e   | xplain below)  |
| SIGNED BY Individual, Partner or Authorized Co  | orporate Officer   |
| DATE: TELEBRIONE NUMBER.  | EMPLOYER IDENTIFICATION NUMBER:                                  |
| TELEPHONE NUMBER:   | (Note: NOT Individual Social Security Number)                    |
| We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the hammed license and (2) the certificate of liquor liability i of 2010. | ead of the fire department for the above                         |
| Please Check Below:   | LOCAL LICENSING AUTHORITY  |
| APPROVED:   | By:  |
|   |  |
| DISAPPROVED:  | •  |
| DISAPPROVED: (If disapproved explain)   |  |
|   |  |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER  | : 079600005   |                       | CITY OR TOV     | VN NEWBUR        | IPORI       |
|---|---|-----------------------|-----------------|------------------|-------------|
| APPLICATION FOR                                       | RENEWAL:  | Annual                | LIC             | ENSED FOR 2      | 013         |
|   |   | CLASS                 |                 |                  | YEAR        |
| LICENSEE NAME: DOING BUSINESS A                       | A NEPTUNE CLUB  | REMENS ASSN. IN       | C               |                  |             |
| ADDRESS 40 HANC                                       |   |                       | ZID CODE        | 01050            |             |
| CITY/TOWN: NEW  |   | STATE: MA             | ZIP CODE        |                  |             |
| MANAGER: LE BU  | JFF,CHARLIE TYPE  | E OF LICENSE: Club    | )               | CATEGORY:        | All Alcohol |
| EMAIL ADDRESS:  |   |                       |                 |                  |             |
|   | LCENIGED DDEN (IGE  |                       | AIL ADDRESS     |                  |             |
| DESCRIPTION OF L<br>WOODEN BLDG; TH<br>AND BOWLING AL | HREE ROOMS ON F   | TRST FLOOR WIT        | H BAR, HALL     | ON SECOND I      | FLOOR       |
| I hereby certify and sv                               | wear under penalties o  | f perjury that:       |                 |                  |             |
| 1. the renewe   | ed license will be of th  | e same type for the s | same premises r | now licensed;    |             |
|   | e has complied with a   |                       |                 | ng to taxes; and |             |
| 3. the premis   | es are now open for b   | usiness (If not expla | in below)       |                  |             |
| SIGNED BY   | Individual, Partner o   | r Authorized Corpor   | rate Officer    |                  |             |
| DATE:   | TELEPHONE   | NUMBER:               |                 | OYER IDENTIFICA  |             |
| Acts of 2004, signed                                  | , attest that we are in<br>by the building insp<br>2) the certificate of li | ector and the head    | of the fire dep | artment for the  | e above     |
| Please Check Below:                                   |   |                       | LOCAL LICE      | ENSING AUTH      | ORITY       |
| APPROVED:   |   |                       | By:             |                  |             |
| DISAPPROVED: [  |   |                       |                 |                  |             |
| (11 disappioved expiai                                | 111 <i>)</i>  |                       |                 |                  |             |
|   |   |                       |                 |                  |             |
| DATE:   |   |                       |                 |                  |             |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER:  | 079600008   |                 | CITY OR TOWN                   | NEWBURY      | YPORT       |
|--|---|-----------------|--------------------------------|--------------|-------------|
| APPLICATION FOR  | RENEWAL:  | Annual          | LICENSED FOR 2013              |              |             |
|  |   | CLASS           |                                |              | YEAR        |
| LICENSEE NAME:<br>DOING BUSINESS A<br>ADDRESS                      | BEN PRO ORDER OF EL   | KS LODGE        | # 909                          |              |             |
| CITY/TOWN: NEW!  | BURYPORT STA  | ATE: MA         | ZIP CODE:                      | 01950        |             |
| MANAGER: CAPPI<br>THOM   | · · · · · · · · · · · · · · · · · · ·   | ICENSE: Clu     | CA                             | ATEGORY:     | All Alcohol |
| EMAIL ADDRESS:   |   |                 |                                |              |             |
| PL   | LEASE ALSO VISIT OUR WEBSITE AN   | D ENTER YOUR EM | AIL ADDRESS                    |              | 1           |
| DESCRIPTION OF LI  | ICENSED PREMISES:   |                 |                                |              |             |
| STORAGE AREA. IN   | G CONSISTING OF A LO<br>NCLUDING ADDIT. 680 S<br>TSIDE PAVILION TO BE   | SQ. FT. OF ST   | TORAGE SPACE C                 |              |             |
| <ol> <li>the renewed</li> <li>the licensee</li> </ol>              | vear under penalties of perjudicense will be of the same has complied with all laws as are now open for busines | e type for the  | onwealth relating to           |              |             |
| SIGNED BY  | Individual, Partner or Auth   | norized Corpo   | rate Officer                   |              |             |
|  |   |                 |                                |              |             |
| DATE:  | TELEPHONE NUM   | BER:            | EMPLOYER (Note: <u>NOT</u> Ind |              | ION NUMBER: |
| Acts of 2004, signed   | attest that we are in poss<br>by the building inspector<br>the certificate of liquor                            | and the head    | of the fire departs            | nent for the | above       |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | <br>n)  |                 | LOCAL LICENS By:               | ING AUTHO    | ORITY       |
| DATE:  |   |                 |                                |              |             |



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| LICENSE NUMBER:   | : 079600009              |                       | CITY OR TOWN         | NEWBUR            | YPORT            |
|---|--------------------------|-----------------------|----------------------|-------------------|------------------|
| APPLICATION FOR   | RENEWAL:                 | Annual                | LICEN                | ISED FOR 20       | 013              |
|   |                          | CLASS                 |                      |                   | YEAR             |
| LICENSEE NAME:  | CONNELLY AND J           | EWETT LLC             |                      |                   |                  |
| DOING BUSINESS A  | A THE THIRSTY W          | HALE                  |                      |                   |                  |
| ADDRESS 24 MARK   | ET SQUARE                |                       |                      |                   |                  |
| CITY/TOWN: NEW  | BURYPORT                 | STATE: MA             | ZIP CODE:            | 01950             |                  |
|   | NELLY, TYPE<br>IAEL S.   | E OF LICENSE: Re      | estaurant C          | ATEGORY:          | All Alcohol      |
| EMAIL ADDRESS:  |                          |                       |                      |                   | ]                |
| P   | LEASE ALSO VISIT OUR WEB | SITE AND ENTER YOUR E | MAIL ADDRESS         |                   | _                |
| DESCRIPTION OF L  |                          |                       |                      |                   |                  |
| BLDG CONSISTS OI<br>26 MARKET SQ. TW                                  |                          |                       | OF 24 MARKET S(      | ) AND 750 S       | Q FT AT          |
| I hereby certify and sv   | vear under penalties o   | of perjury that:      |                      |                   |                  |
| 1. the renewe   | d license will be of th  | e same type for the   | e same premises now  | licensed;         |                  |
| 2. the license  | e has complied with a    | all laws of the Com   | monwealth relating   | to taxes; and     |                  |
| 3. the premise  | es are now open for b    | usiness (If not expl  | lain below)          |                   |                  |
|   |                          |                       |                      |                   |                  |
| SIGNED BY   |                          |                       |                      |                   |                  |
|   | Individual, Partner o    | or Authorized Corp    | orate Officer        |                   |                  |
|   |                          |                       |                      |                   |                  |
|   |                          |                       |                      |                   |                  |
| DATE:   | TELEPHONE                | NUMBER:               |                      |                   | TION NUMBER:     |
|   |                          |                       | (Note: NOT In        | dividual Social S | lecurity Number) |
| We the undersigned Acts of 2004, signed named license and (2 of 2010. | by the building insp     | ector and the hea     | d of the fire depart | ment for the      | above            |
| Please Check Below:   |                          |                       | LOCAL LICEN          | SING AUTH         | ORITY            |
| APPROVED:   |                          |                       | By:                  |                   |                  |
| DISAPPROVED:  |                          |                       |                      |                   |                  |
| (If disapproved explai  | n)                       |                       |                      |                   |                  |
|   |                          |                       | -                    |                   |                  |
| DATE:   |                          |                       |                      |                   |                  |
|   |                          |                       |                      |                   |                  |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 079600011   |                 | CITY OR TOWN   | NEWBURY      | PORT         |
|---|-----------------|--|--------------|--------------|
| APPLICATION FOR RENEWAL:  | Annual          | LICEN  | SED FOR 20   | 13           |
|   | CLASS           |  |              | YEAR         |
| LICENSEE NAME: NORTH END BOAT CLUI  | В               |  |              |              |
| DOING BUSINESS A  |                 |  |              |              |
| ADDRESS 282 MERRIMAC ST.  |                 |  |              |              |
| CITY/TOWN: NEWBURYPORT STA  | TE: MA          | ZIP CODE:  | 01950        |              |
| MANAGER: RIMAK, MICHAEL TYPE OF LI<br>J.  | (CENSE: Club    | C.A.   | ATEGORY:     | All Alcohol  |
| EMAIL ADDRESS:  |                 |  |              |              |
| PLEASE ALSO VISIT OUR WEBSITE AND   | ENTER YOUR EM   | AIL ADDRESS  |              |              |
| DESCRIPTION OF LICENSED PREMISES:   |                 |  |              |              |
| CEMENT BLOCK BLDG; TWO FLOORS, THREROOMS FOR STORAGE/OFFICE ON FIRST FL   |                 | AND PORCH ON   | EACH FLOC    | OR; TWO      |
| I hereby certify and swear under penalties of perjun  | ry that:        |  |              |              |
| 1. the renewed license will be of the same  | type for the s  | same premises now  | licensed;    |              |
| 2. the licensee has complied with all laws  |                 | _  | o taxes; and |              |
| 3. the premises are now open for business   | (If not explain | in below)  |              |              |
|   |                 |  |              |              |
| SIGNED BY   | : 4 C           | osta Officara  |              |              |
| Individual, Partner or Autho  | orizeu Corpoi   | ate Officer  |              |              |
|   |                 |  |              |              |
| DATE: TELEPHONE NUM   |                 | EN ON ONED   |              | ION NATIONED |
| TELEPHONE NUME  | BER:            | EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number) |              |              |
|   |                 | ·  |              | ,            |
| We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector a named license and (2) the certificate of liquor liquor liquor 2010. | and the head    | of the fire departs  | nent for the | above        |
| Please Check Below:   |                 | LOCAL LICENS   | ING AUTHO    | ORITY        |
| APPROVED:   |                 | By:  |              |              |
| DISAPPROVED:  |                 |  |              |              |
| (If disapproved explain)  |                 |  |              |              |
|   |                 |  |              |              |
| DATE:   |                 |  |              |              |



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|                            | CITY OR TOWN NEWBUR  | II OICI  |
|----------------------------|--|--|
| Annual                     | LICENSED FOR 20  | 013  |
| CLASS                      |  | YEAR   |
|                            |  |  |
|                            |  |  |
|                            |  |  |
| STATE: MA                  | ZIP CODE: 01950  |  |
| YPE OF LICENSE: Rest       | aurant CATEGORY:   | All Alcohol  |
|                            |  |  |
| WEBSITE AND ENTER YOUR EMA | AIL ADDRESS  | _  |
| MISES:                     |  |  |
| LR;ONE ROOM; 3RD I         | FLR; TWO ROOMS. BASEM  | ENT  |
|                            |  |  |
| ies of perjury that:       |  |  |
| • •                        |  |  |
|                            | -  |  |
| or business (If not explai | in below)  |  |
|                            |  |  |
| ner or Authorized Corpor   | rate Officer   |  |
| ·                          |  |  |
|                            |  |  |
| ——<br>NE NUMBER:           | EMPLOYER IDENTIFICAT   | TON NUMBER:  |
| ME NOMBER.                 |  |  |
|                            |  |  |
|                            |  | 204 - £4b -  |
|                            | certificate required by Chapt<br>of the fire department for the  |  |
| inspector and the head     |  | above  |
| inspector and the head     | of the fire department for the   | above<br>of the Acts   |
| inspector and the head     | of the fire department for the<br>ance required by Chapter 116   | above<br>of the Acts   |
| inspector and the head     | of the fire department for the ance required by Chapter 116  | above<br>of the Acts   |
| inspector and the head     | of the fire department for the ance required by Chapter 116  | above<br>of the Acts   |
| inspector and the head     | of the fire department for the ance required by Chapter 116  | above<br>of the Acts   |
| i c i                      | STATE: MA  YPE OF LICENSE: Rest  WEBSITE AND ENTER YOUR EM  MISES: ELR; ONE ROOM; 3RD  des of perjury that: of the same type for the s ith all laws of the Comm  for business (If not explain  DNE NUMBER: | STATE: MA ZIP CODE: 01950  YPE OF LICENSE: Restaurant CATEGORY:  WEBSITE AND ENTER YOUR EMAIL ADDRESS  MISES:  FLR; ONE ROOM; 3RD FLR; TWO ROOMS. BASEM  des of perjury that:  of the same type for the same premises now licensed;  ith all laws of the Commonwealth relating to taxes; and  for business (If not explain below)  mer or Authorized Corporate Officer |



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| LICENSE NUMBER: 079600018   |                         | CITY OR TOWN       | NEWBURY           | YPORT           |
|---|-------------------------|--------------------|-------------------|-----------------|
| APPLICATION FOR RENEWAL:  | Annual                  | LICEN              | SED FOR 20        | )13             |
|   | CLASS                   |                    |                   | YEAR            |
| LICENSEE NAME: NEWBURYPORT N  | MICHAEL'S HARB          | ORSIDE LLC         |                   |                 |
| DOING BUSINESS A MICHAEL'S HAR  | BORSIDE                 |                    |                   |                 |
| ADDRESS TOURNAMENT WHARF  |                         |                    |                   |                 |
| CITY/TOWN: NEWBURYPORT  | STATE: MA               | ZIP CODE:          | 01950             |                 |
| MANAGER: ROGERS, JAMES F. TYPE  | E OF LICENSE: Res       | taurant C.         | ATEGORY:          | All Alcohol     |
| EMAIL ADDRESS:  |                         |                    |                   |                 |
| PLEASE ALSO VISIT OUR WEB   | SSITE AND ENTER YOUR EM | IAIL ADDRESS       |                   | L               |
| DESCRIPTION OF LICENSED PREMISE   | ES:                     |                    |                   |                 |
| TWO STORY WOOD FRAME BLDG. FI<br>KITCHEN, FOYER HALL AND RESTRO<br>OUTSIDE DECK FOR SERVICE   |                         |                    |                   |                 |
| I hereby certify and swear under penalties of   | of perjury that:        |                    |                   |                 |
| 1. the renewed license will be of the   | ne same type for the    | same premises now  | licensed;         |                 |
| 2. the licensee has complied with a   |                         | _                  | o taxes; and      |                 |
| 3. the premises are now open for b  | ousiness (If not expla  | in below)          |                   |                 |
|   |                         |                    |                   |                 |
| SIGNED BY Individual, Partner of  | or Authorized Corno     | rate Officer       |                   |                 |
| marvidua, rather c  | or radionized corpo     | rate officer       |                   |                 |
|   |                         |                    |                   |                 |
| DATE: TELEPHONE   | NUMBER:                 | EMPLOYER           | R IDENTIFICAT     | TON NUMBER:     |
| TEELHONE  | THOMBER.                | (Note: NOT Ind     | lividual Social S | ecurity Number) |
| We the undersigned, attest that we are i<br>Acts of 2004, signed by the building insp<br>named license and (2) the certificate of l<br>of 2010. | ector and the head      | of the fire depart | ment for the      | above           |
| Please Check Below:   |                         | LOCAL LICENS       | SING AUTHO        | ORITY           |
| APPROVED:   |                         | By:                |                   |                 |
| DISAPPROVED:  |                         |                    |                   |                 |
| (If disapproved explain)  |                         |                    |                   |                 |
|   |                         |                    |                   |                 |
|   |                         |                    |                   |                 |



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| LICENSE NUM                | MBER: 079600021                         |                              | CITY OR TOWN         | NEWBURYPORT   |
|----------------------------|---|------------------------------|----------------------|---|
| APPLICATION                | N FOR RENEWAL:                          | Annual                       | LICEN                | SED FOR 2013  |
|                            |   | CLASS                        |                      | YEAR  |
| DOING BUSIN                |   | UB INC.                      |                      |   |
| ADDRESS 95                 | NEWBURYPORT                             |                              | ZID CODE.            | 01050   |
|                            |   | STATE: MA                    | ZIP CODE:            | 01950   |
|                            | LYONS, STEVE                            | TYPE OF LICENSE:Cl           | ub C                 | ATEGORY: All Alcohol  |
| EMAIL ADDR                 |   |                              |                      |   |
| DESCRIPTION                | PLEASE ALSO VISIT (<br>N OF LICENSED PR | OUR WEBSITE AND ENTER YOUR F | EMAIL ADDRESS        |   |
| TWO FLOORS THE SECOND      | S CONSISTING OF T                       | THREE ROOMS ON THE F         |                      |   |
| I hereby certify           | and swear under pen                     | alties of perjury that:      |                      |   |
|                            |   | be of the same type for the  | =                    |   |
|                            | =                                       | with all laws of the Com     | _                    | o taxes; and  |
| 3. the j                   | premises are now ope                    | n for business (If not exp   | iain below)          |   |
| SIGNED BY                  | Individual, Pa                          | rtner or Authorized Corp     | orate Officer        |   |
| DATE:                      | TELEP!                                  | HONE NUMBER:                 |                      | R IDENTIFICATION NUMBER:<br>lividual Social Security Number)              |
| Acts of 2004,              | signed by the buildir                   | ng inspector and the hea     | d of the fire depart | ed by Chapter 304 of the<br>ment for the above<br>Chapter 116 of the Acts |
| Please Check Belo          | ow:                                     |                              | LOCAL LICENS         | SING AUTHORITY  |
| APPROVED:                  |   |                              | By:                  |   |
| DISAPPROVE (If disapproved |   |                              |                      |   |
| (11 uisappioved            | capiani)                                |                              |                      |   |
|                            |   |                              |                      |   |
| DATE:                      |   |                              |                      |   |
| APPLICATION FOR            | RENEWAL MUST BE FILED                   | BY LICENSEES DURING THE M    | MONTH OF NOVEMBER (M | I.G.L. Ch. 138 \$ 16A)  |



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| LICENSE NUMBER:                   | 079600028   |                    | CITY OR TOWN   | NEWBURY              | YPORT .                                |  |  |
|-----------------------------------|---|--------------------|--|----------------------|--|--|--|
| APPLICATION FOR                   | RENEWAL:  | Annual             | LICENSED FOR 2013  |                      |  |  |  |
|                                   |   | CLASS              |  | ,                    | YEAR                                   |  |  |
| LICENSEE NAME:                    | STARBOARD GALLE   | EY INC.            |  |                      |  |  |  |
| DOING BUSINESS A                  |   |                    |  |                      |  |  |  |
| ADDRESS 55 WATE                   | R ST.   |                    |  |                      |  |  |  |
| CITY/TOWN: NEW!                   | BURYPORT  | STATE: MA          | ZIP CODE:  | 01950                |  |  |  |
| MANAGER: GRECO F.                 | O, EUGENE TYPE O  | F LICENSE: Re      | staurant C.  | ATEGORY:             | All Alcohol                            |  |  |
| EMAIL ADDRESS:                    | _   |                    |  |                      |  |  |  |
| PL                                | EASE ALSO VISIT OUR WEBSIT  | E AND ENTER YOUR E | MAIL ADDRESS   |                      | •                                      |  |  |
| DESCRIPTION OF LICENSED PREMISES: |   |                    |  |                      |  |  |  |
|                                   | 2 FLOORS. FIRST FLOOR; FOUR ROOMS, KITCHEN, STORAGE AREA, DINING ROOM, COCKTAIL LOUNGE AND REAR PORCH. SECOND FLR; FOUR ROOMS |                    |  |                      |  |  |  |
| I hereby certify and sw           | I hereby certify and swear under penalties of perjury that:   |                    |  |                      |  |  |  |
| 1. the renewed                    | l license will be of the s  | same type for the  | same premises now  | licensed;            |  |  |  |
| 2. the licensee                   | has complied with all l   | aws of the Com     | nonwealth relating t   | o taxes; and         |  |  |  |
| 3. the premise                    | s are now open for busi   | ness (If not expl  | ain below)   |                      |  |  |  |
|                                   |   |                    |  |                      |  |  |  |
| SIGNED BY                         | T 11 1 1 D  |                    | 0.55   |                      |  |  |  |
|                                   | Individual, Partner or A  | Authorized Corpo   | orate Officer  |                      |  |  |  |
|                                   |   |                    |  |                      |  |  |  |
| DATE:                             |   |                    |  |                      | 10111111111111111111111111111111111111 |  |  |
| DATE:                             | TELEPHONE N   | UMBER:             | EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number) |                      |  |  |  |
|                                   |   |                    | , <u></u>  | or radian booting by | county i value of )                    |  |  |
| Acts of 2004, signed l            | attest that we are in p<br>by the building inspect<br>) the certificate of liqu   | tor and the head   | d of the fire depart   | ment for the         | above                                  |  |  |
| Please Check Below:               |   |                    | LOCAL LICENS   | SING AUTHO           | ORITY                                  |  |  |
| APPROVED:                         | -   |                    | By:  |                      |  |  |  |
| DISAPPROVED:                      |   |                    |  |                      |  |  |  |
| (If disapproved explain           | l)  |                    |  |                      |  |  |  |
|                                   |   |                    |  |                      |  |  |  |
| DATE:                             |   |                    |  |                      |  |  |  |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER:           | 0/9600030   |                      | CITYOR         | IOWN      | NEWBUR            | IPORI            |
|---------------------------|---|----------------------|----------------|-----------|-------------------|------------------|
| APPLICATION FOR           | RENEWAL:  | Annual               |                | LICEN     | SED FOR 2         | 013              |
|                           |   | CLASS                |                |           |                   | YEAR             |
| LICENSEE NAME:            | WOLF TONE ENTE  | RPRISES, INC.        |                |           |                   |                  |
| DOING BUSINESS A          | A PARK LUNCH  |                      |                |           |                   |                  |
| ADDRESS 181 MER           | RIMAC STREET  |                      |                |           |                   |                  |
| CITY/TOWN: NEW            | BURYPORT  | STATE: MA            | ZIP C          | ODE:      | 01950             |                  |
| MANAGER: DOYI             | E, MICHAEL TYPE   | OF LICENSE: Re       | estaurant      | C         | ATEGORY:          | All Alcohol      |
| EMAIL ADDRESS:            |   |                      |                |           |                   |                  |
| P                         | LEASE ALSO VISIT OUR WEBS   | ITE AND ENTER YOUR I | EMAIL ADDRESS  |           |                   | _                |
| DESCRIPTION OF L          | ICENSED PREMISE   | S:                   |                |           |                   |                  |
| CEMENT BLOCK BI<br>CELLAR | LDG; ONE ROOM A   | ND KITCHEN O         | N FIRST FL     | OOR W     | ITH STOCK         | (IN              |
| I hereby certify and sv   | vear under penalties of   | f perjury that:      |                |           |                   |                  |
| 1. the renewe             | d license will be of the  | e same type for the  | e same premi   | ises now  | licensed;         |                  |
|                           | e has complied with al  |                      |                | elating t | o taxes; and      |                  |
| 3. the premise            | es are now open for bu  | ısiness (If not exp  | lain below)    |           |                   |                  |
|                           |   |                      |                |           |                   |                  |
| SIGNED BY                 | Individual, Partner or  | · Authorized Corr    | orate Office   | r         |                   |                  |
|                           | ·   |                      |                |           |                   |                  |
|                           |   |                      |                |           |                   |                  |
| DATE:                     | TELEPHONE :   | NIIMBER:             | EN             | MPLOYEF   | R IDENTIFICAT     | ΠΟΝ NUMBER:      |
|                           | TEEE TO VE  | . (OIIIDEI           | (Note:         | NOT Inc   | lividual Social S | Security Number) |
| Acts of 2004, signed      | , attest that we are in<br>by the building inspe<br>2) the certificate of lie | ector and the hea    | nd of the fire | e departi | ment for the      | above            |
| Please Check Below:       |   |                      | LOCAL          | LICENS    | SING AUTH         | ORITY            |
| APPROVED:                 | _   |                      | By:            |           |                   |                  |
| DISAPPROVED:              | _   |                      |                |           |                   |                  |
| (If disapproved explai    | n)  |                      |                |           |                   |                  |
|                           |   |                      |                |           |                   |                  |
| DATE:                     |   |                      |                |           |                   |                  |
| D. 111.                   |   |                      |                |           |                   |                  |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER   | C: 079600034                            |   | C.         | IIY OK IOW        | IN NEWBUI   | KIPOKI                            |
|--|---|---|------------|-------------------|-------------|-----------------------------------|
| APPLICATION FOR  | R RENEWAL:                              | Annua   | 1          | LIC               | ENSED FOR   | 2013                              |
|  |   | CLAS  | S          |                   |             | YEAR                              |
| LICENSEE NAME:<br>DOING BUSINESS                                     |   | & SPIRITS   |            |                   |             |                                   |
| ADDRESS 25 STOR  | REY AVENUE                              |   |            |                   |             |                                   |
| CITY/TOWN: NEV   | VBURYPORT                               | STATE:  | MA         | ZIP CODE          | 01950       |                                   |
|  | HARDSON, T<br>PHEN C.                   | TYPE OF LICENS  | E:Packa    | ge Store          | CATEGORY    | : All Alcohol                     |
| EMAIL ADDRESS:   |   |   |            |                   |             |                                   |
| •  | PLEASE ALSO VISIT OU                    | R WEBSITE AND ENTER Y   | YOUR EMAII | L ADDRESS         |             |                                   |
| DESCRIPTION OF   | LICENSED PREI                           | MISES:  |            |                   |             |                                   |
| LOCATED IN DEM<br>STORE AND PRIVA                                    |   |   |            |                   | CATED AT F  | RONT OF                           |
| 2. the license   | ed license will be<br>ee has complied w | of the same type f<br>with all laws of the<br>for business (If no | or the sai | nwealth relatir   |             | l                                 |
| SIGNED BY  | Individual, Part                        | ner or Authorized   | Corporat   | e Officer         |             |                                   |
| DATE:  | TELEPHO                                 | ONE NUMBER:   |            |                   |             | ATION NUMBER:<br>Security Number) |
| Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain | nin)                                    |   |            | LOCAL LICE<br>By: | ENSING AUTE | HORITY                            |
| DATE:  |   |   |            |                   |             |                                   |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER:  | J/9600036   |  | CI                           | I Y OK TOW      | NEWBUR         | IPORI       |
|--|---|--|------------------------------|-----------------|----------------|-------------|
| APPLICATION FOR I  | RENEWAL:  | Annu   | al                           | LICE            | NSED FOR 20    | 013         |
|  |   | CLA  | SS                           |                 |                | YEAR        |
| LICENSEE NAME: 1 DOING BUSINESS A  |   |  |                              | NEWBURY         | PORT           |             |
| ADDRESS 202 MERE   | RIMAC ST  |  |                              |                 |                |             |
| CITY/TOWN: NEWI  | BURYPORT  | STATE:   | MA                           | ZIP CODE:       | 01950          |             |
| MANAGER: BALTI   | CH, TODD  | TYPE OF LICEN  | SE:Packag                    | e Store         | CATEGORY:      | All Alcohol |
| EMAIL ADDRESS:   |   |  |                              |                 |                |             |
| DESCRIPTION OF LI<br>BRICK BLDG CONSI<br>ROOMS FOR STORA<br>FLOOR; TWO ROOM<br>I hereby certify and sw | CENSED PR<br>STING OF T<br>GE ON THE<br>IS FOR STOR | HREE FLOORS; O<br>FIRST FLOOR; O<br>RAGE ON THIRD                                    | ONE ROOM<br>NE ROOM<br>FLOOR | л FOR RETA      |                |             |
| 2. the licensee 3. the premise SIGNED BY   | has complied<br>s are now ope                       | pe of the same type with all laws of the n for business (If no nartner or Authorized | e Common<br>ot explain b     | wealth relating |                |             |
| DATE:  | TELEP!  | HONE NUMBER:   |                              |                 | ER IDENTIFICAT |             |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain                                     | ]   |  |                              | OCAL LICEN      | NSING AUTH     | ORITY       |
| DATE:  |   |  | _                            |                 |                |             |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 079600039   |  | CITY OR TOWN                               | NEWBUR     | YPORT                            |
|---|--|--|------------|----------------------------------|
| APPLICATION FOR RENEWAL:  | Annual   | LICEN                                      | SED FOR 20 | 013                              |
|   | CLASS  |  |            | YEAR                             |
| LICENSEE NAME: PRIYA COR  | P.   |  |            |                                  |
| DOING BUSINESS A NEW ENG  | LAND WINE & SPIRITS  |  |            |                                  |
| ADDRESS 151 STATE ST  |  |  |            |                                  |
| CITY/TOWN: NEWBURYPORT  | STATE: MA  | ZIP CODE:                                  | 01950      |                                  |
| MANAGER: PATEL, SURESH  | TYPE OF LICENSE: Pac   | ckage Store CA                             | ATEGORY:   | All Alcohol                      |
| EMAIL ADDRESS:  |  |  |            |                                  |
| DESCRIPTION OF LICENSED PRONE STORY CONCRETE BLDG  I hereby certify and swear under per  1. the renewed license will  2. the licensee has complie  3. the premises are now op | FOR RETAIL SALES AN nalties of perjury that: be of the same type for the d with all laws of the Comm | same premises now<br>nonwealth relating to |            |                                  |
| SIGNED BY Individual, P   | Partner or Authorized Corpo  | orate Officer                              |            |                                  |
| DATE: TELEI   | PHONE NUMBER:  | EMPLOYER<br>(Note: <u>NOT</u> Ind          |            | CION NUMBER:<br>decurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)   |  | LOCAL LICENS By:                           | ING AUTH   | ORITY                            |
| DATE:   |  |  |            |                                  |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 079600041   |                                  | CITY OR TOWN                      | NEWBURY      | YPORT                       |
|---|----------------------------------|-----------------------------------|--------------|-----------------------------|
| APPLICATION FOR RENEWAL   | .: Annual                        | LICEN                             | SED FOR 20   | 013                         |
|   | CLASS                            |                                   |              | YEAR                        |
| LICENSEE NAME: LYNNE M  | AGRO,INC.                        |                                   |              |                             |
| DOING BUSINESS A RICHDA   | LE CONVENIENCE STOR              | E                                 |              |                             |
| ADDRESS 62 STATE ST   |                                  |                                   |              |                             |
| CITY/TOWN: NEWBURYPOR   | T STATE: MA                      | ZIP CODE:                         | 01950        |                             |
| MANAGER: MAGRO,LYNNE  | R. TYPE OF LICENSE: Pa           | ckage Store CA                    | ATEGORY:     | Wine and<br>Malt Regular    |
| EMAIL ADDRESS:  |                                  |                                   |              |                             |
| PLEASE ALSO VIS   | SIT OUR WEBSITE AND ENTER YOUR F | EMAIL ADDRESS                     |              | -                           |
| DESCRIPTION OF LICENSED I   | PREMISES:                        |                                   |              |                             |
| $3291~\mbox{SQ}$ FT OF RETAIL SPACE ENTRANCE ON THE FIRST FL        |                                  |                                   | EMENT; MA    | IN                          |
| <del>-</del>  | pen for business (If not exp     | =                                 | o taxes; and |                             |
| SIGNED BY Individual,   | Partner or Authorized Corp       | orate Officer                     |              |                             |
|   |                                  |                                   |              |                             |
| DATE: TELI  | EPHONE NUMBER:                   | EMPLOYER<br>(Note: <u>NOT</u> Ind |              | ION NUMBER: ecurity Number) |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) |                                  | LOCAL LICENS By:                  | ING AUTHO    | DRITY                       |
| DATE:   |                                  |                                   |              |                             |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUI   | MBER: 079600042                      |   | CITY OR TOWN                       | NEWBURY        | PORT                     |
|---|--------------------------------------|---|------------------------------------|----------------|--------------------------|
| APPLICATIO  | N FOR RENEWAL:                       | Annual  | LICENS                             | SED FOR 201    | 3                        |
|   |                                      | CLASS   |                                    | Y              | 'EAR                     |
| DOING BUSI  |                                      | UNK IMPORTS LLC   |                                    |                |                          |
|   | NEWBURYPORT                          | STATE: MA   | ZIP CODE:                          | 01950          |                          |
|   |                                      | ~   |                                    |                | W. 1                     |
| MANAGER:  | KIRKPATRICK,<br>JEREMY               | TYPE OF LICENSE:P   | ackage Store CA                    |                | Wine and<br>Malt Regular |
| EMAIL ADDR  | RESS:                                |   |                                    |                |                          |
|   |                                      | OUR WEBSITE AND ENTER YOUR                                  | EMAIL ADDRESS                      |                |                          |
|   | N OF LICENSED PR<br>.DG; TWO SMALL I | REMISES:<br>ROOMS ON FIRST FLO                              | OR; STOCK IN REAL                  | R AND CELL     | AR OF                    |
|   | premises are now ope                 | d with all laws of the Conen for business (If not expanded) | plain below)                       | o taxes; and   |                          |
|   |                                      |   |                                    |                |                          |
| DATE:   | TELEF                                | PHONE NUMBER:   | EMPLOYER<br>(Note: <u>NOT</u> Indi | IDENTIFICATION |                          |
| Please Check Belo<br>APPROVED:<br>DISAPPROVE<br>(If disapproved | ED:                                  |   | LOCAL LICENS                       | ING AUTHO      | RITY                     |
| DATE:   |                                      |   |                                    |                |                          |

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$ 



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| LICENSE NUMBER:   | J/9000048              |                         | CITY OR TOWN                          | NEWBUK            | IPOKI            |
|---|------------------------|-------------------------|---------------------------------------|-------------------|------------------|
| APPLICATION FOR 1   | RENEWAL:               | Annual                  | LICEN                                 | ISED FOR 2        | 013              |
|   |                        | CLASS                   |                                       |                   | YEAR             |
| LICENSEE NAME:  | SEA SWELL REST         | 'AURANT, INC.           |                                       |                   |                  |
| DOING BUSINESS A  | GLENN'S GALLE          | ΣΥ                      |                                       |                   |                  |
| ADDRESS 44 MERRI  | MAC STREET             |                         |                                       |                   |                  |
| CITY/TOWN: NEWI   | BURYPORT               | STATE: MA               | ZIP CODE:                             | 01950             |                  |
| MANAGER: MAYE<br>S.   | ers, GLENN TYP         | E OF LICENSE: Res       | taurant C                             | ATEGORY:          | All Alcohol      |
| EMAIL ADDRESS:  |                        |                         |                                       |                   |                  |
| PL  | EASE ALSO VISIT OUR WE | BSITE AND ENTER YOUR EM | IAIL ADDRESS                          |                   | _                |
| DESCRIPTION OF LI   | CENSED PREMIS          | ES:                     |                                       |                   |                  |
| STREET LEVEL OF NEW PROOF | MULTI FLOOR BR         | ICK BLDG.,1 MAII        | N ROOM, KITCHI                        | EN AND SM         | ALL              |
| SIGNED BY   | ·                      | ousiness (If not expla  | · · · · · · · · · · · · · · · · · · · |                   |                  |
|   |                        |                         |                                       |                   |                  |
| DATE:   | TELEPHONE              | E NUMBER:               | EMPLOYE.                              | R IDENTIFICAT     | ΓΙΟΝ NUMBER:     |
|   |                        |                         | (Note: NOT In                         | dividual Social S | Security Number) |
| We the undersigned,<br>Acts of 2004, signed I<br>named license and (2<br>of 2010.   | by the building ins    | pector and the head     | of the fire depart                    | ment for the      | above            |
| Please Check Below:   |                        |                         | LOCAL LICENS                          | SING AUTH         | ORITY            |
| APPROVED:   | 7                      |                         | By:                                   |                   |                  |
| DISAPPROVED: (If disapproved explain  | ))<br>                 |                         |                                       |                   |                  |
| · · · · · · · · · · · · · · · · · · ·   | ,                      |                         |                                       |                   |                  |
|   |                        |                         |                                       |                   |                  |
| DATE:   |                        |                         |                                       |                   | <del>-</del>     |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER:          | 7/9600049   | (                    | LITY OR TOWN      | NEWBUK             | IPORI        |
|--------------------------|---|----------------------|-------------------|--------------------|--------------|
| APPLICATION FOR F        | RENEWAL:  | Annual               | LICE              | NSED FOR 20        | 013          |
|                          |   | CLASS                |                   |                    | YEAR         |
| LICENSEE NAME: I         | LUCY G & L INC.   |                      |                   |                    |              |
| DOING BUSINESS A         | SZECHUAN TASTE  |                      |                   |                    |              |
| ADDRESS 19 PLEAS         | ANT STREET  |                      |                   |                    |              |
| CITY/TOWN: NEWE          | BURYPORT  | STATE: MA            | ZIP CODE:         | 01950              |              |
| MANAGER: LLU, Z          | HU JIN TYPE O   | F LICENSE: Resta     | aurant (          | CATEGORY:          | All Alcohol  |
| EMAIL ADDRESS:           |   |                      |                   |                    | 7            |
|                          | EASE ALSO VISIT OUR WEBSITE   | E AND ENTER YOUR EMA | AIL ADDRESS       |                    |              |
| DESCRIPTION OF LI        | CENSED PREMISES:  |                      |                   |                    |              |
|                          |   |                      |                   |                    |              |
| I hereby certify and swe | ear under penalties of p  | erjury that:         |                   |                    |              |
| 1. the renewed           | license will be of the s  | ame type for the sa  | ame premises nov  | w licensed;        |              |
| 2. the licensee          | has complied with all la  | aws of the Commo     | onwealth relating | to taxes; and      |              |
| 3. the premises          | s are now open for busing   | ness (If not explain | n below)          |                    |              |
| SIGNED BY                | Individual, Partner or A  | authorized Corpora   | ate Officer       |                    |              |
|                          |   |                      |                   |                    |              |
| DATE:                    | TELEDIJONE NI   | IMDED.               | EMPI OYE          | ER IDENTIFICAT     | TION NUMBER: |
|                          | TELEPHONE N   | JMBER:               |                   | ndividual Social S |              |
|                          | attest that we are in p<br>by the building inspect<br>the certificate of liqu | tor and the head     | of the fire depar | tment for the      | above        |
| Please Check Below:      |   |                      | LOCAL LICEN       | SING AUTH          | ORITY        |
| APPROVED:                | _   |                      | By:               |                    |              |
| DISAPPROVED:             |   |                      |                   |                    |              |
| (If disapproved explain  | 1)  |                      |                   |                    |              |
|                          |   |                      |                   |                    |              |
| DATE:                    |   |                      |                   |                    |              |
| DAIE.                    |   |                      |                   |                    |              |



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| LICENSE NUMBER: 07   | 79600053   |  | CITY OR TOWN   | NEWBURYPORT   |
|--|--|--|--|---|
| APPLICATION FOR R  | ENEWAL:  | Annual   | LICEN  | SED FOR 2013  |
|  |  | CLASS  |  | YEAR  |
| LICENSEE NAME: A DOING BUSINESS A  |  |  |  |   |
| ADDRESS 50 STATE S   | STREET   |  |  |   |
| CITY/TOWN: NEWB  | URYPORT S  | STATE: MA                                      | ZIP CODE:  | 01950   |
| MANAGER: DAWN MCCAN  |  | F LICENSE: Res                                 | staurant CA  | ATEGORY: All Alcohol  |
| EMAIL ADDRESS:   |  |  |  |   |
| DESCRIPTION OF LIC<br>BASEMENT 22'X44' B.  |  |  |  | NG AREA,  |
| BATHROOMS, 3RD FI<br>BATHROOM.OUTDOO   | LOOR 22'X44' LOUN  | GE WITH BAR                                    | , DINING AREA, C   |   |
| I hereby certify and swea  | ar under penalties of p  | erjury that:                                   |  |   |
| 1. the renewed l   | license will be of the sa  | ame type for the                               | same premises now  | licensed;   |
|  | nas complied with all la   |  | · ·  | taxes; and  |
| 3. the premises  | are now open for busin   | ness (If not expla                             | ain below)   |   |
| SIGNED BY  |  |  |  |   |
|  | ndividual, Partner or A  | authorized Corpo                               | rate Officer   |   |
|  | ndividual, Partner or A  | uthorized Corpo                                | orate Officer  |   |
|  | ndividual, Partner or A  | uthorized Corpo                                | orate Officer  |   |
| DATE:  | ndividual, Partner or A<br>TELEPHONE NU  |  |  | IDENTIFICATION NUMBER:  |
| DATE:  |  |  | EMPLOYER   | IDENTIFICATION NUMBER: ividual Social Security Number)                    |
| We the undersigned, a<br>Acts of 2004, signed by   | TELEPHONE NU<br>attest that we are in p<br>y the building inspect                            | JMBER:<br>ossession (1) the<br>or and the head | EMPLOYER (Note: NOT Indece certificate require   | ed by Chapter 304 of the  |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.  Please Check Below:                        | TELEPHONE NU<br>attest that we are in p<br>y the building inspect                            | JMBER:<br>ossession (1) the<br>or and the head | EMPLOYER (Note: <b>NOT</b> Indee certificate required lof the fire departs rance required by   | ed by Chapter 304 of the ment for the above                               |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.  Please Check Below: APPROVED:              | TELEPHONE NU<br>attest that we are in p<br>y the building inspect                            | JMBER:<br>ossession (1) the<br>or and the head | EMPLOYER (Note: <b>NOT</b> Indee certificate required lof the fire departs rance required by   | ed by Chapter 304 of the<br>ment for the above<br>Chapter 116 of the Acts |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.  Please Check Below: APPROVED: DISAPPROVED: | TELEPHONE NU<br>attest that we are in p<br>y the building inspect<br>the certificate of liqu | JMBER:<br>ossession (1) the<br>or and the head | EMPLOYER (Note: NOT Indece certificate required of the fire department of the fire departme | ed by Chapter 304 of the<br>ment for the above<br>Chapter 116 of the Acts |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.  Please Check Below: APPROVED:              | TELEPHONE NU<br>attest that we are in p<br>y the building inspect<br>the certificate of liqu | JMBER:<br>ossession (1) the<br>or and the head | EMPLOYER (Note: NOT Indece certificate required of the fire department of the fire departme | ed by Chapter 304 of the<br>ment for the above<br>Chapter 116 of the Acts |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.  Please Check Below: APPROVED: DISAPPROVED: | TELEPHONE NU<br>attest that we are in p<br>y the building inspect<br>the certificate of liqu | JMBER:<br>ossession (1) the<br>or and the head | EMPLOYER (Note: NOT Indece certificate required of the fire department of the fire departme | ed by Chapter 304 of the<br>ment for the above<br>Chapter 116 of the Acts |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 0  | 79600054           |                        | CITY OR TO         | WN NEWBUR  | IPORI       |
|--|--------------------|------------------------|--------------------|--|-------------|
| APPLICATION FOR R  | ENEWAL:            | Annual                 | LIC                | CENSED FOR 2                                       | 013         |
|  |                    | CLASS                  |                    |  | YEAR        |
| LICENSEE NAME: B   | ULLPEN PRO         | DUCTIONS LLC           |                    |  |             |
| DOING BUSINESS A   | LORETTA            |                        |                    |  |             |
| ADDRESS 27 STATE   | ST                 |                        |                    |  |             |
| CITY/TOWN: NEWB  | URYPORT            | STATE: MA              | A ZIP CODE         | E: 01950   |             |
| MANAGER: EPSTEI  | N, TED T           | YPE OF LICENSE:        | Restaurant         | CATEGORY:  | All Alcohol |
| EMAIL ADDRESS:   |                    |                        |                    |  |             |
| PLE  | ASE ALSO VISIT OUR | WEBSITE AND ENTER YOU  | R EMAIL ADDRESS    |  | _           |
| DESCRIPTION OF LIC   | CENSED PREM        | IISES:                 |                    |  |             |
| THREE STORY BRICI<br>BAR, ONE BATHROO<br>PUBLIC ENT. IN FRO                  | M AND A BAS        | SEMENT FOR STO         | RAGE ,OFFICE S     | SPACE ONLY. O                                      |             |
| I hereby certify and swe   | ar under penalti   | es of perjury that:    |                    |  |             |
| 1. the renewed   | license will be o  | of the same type for t | the same premises  | now licensed;                                      |             |
| 2. the licensee l  | nas complied wi    | ith all laws of the Co | mmonwealth relat   | ing to taxes; and                                  |             |
| 3. the premises  | are now open for   | or business (If not ex | xplain below)      |  |             |
| SIGNED BY  | ndividual, Partn   | ner or Authorized Co   | rporate Officer    |  |             |
|  |                    |                        |                    |  |             |
| DATE:  | TELEPHO            | NE NUMBER:             |                    | OYER IDENTIFICAT ${f T}$ Individual Social ${f S}$ |             |
| We the undersigned, a Acts of 2004, signed by named license and (2) of 2010. | y the building i   | inspector and the h    | ead of the fire de | partment for the                                   | above       |
| Please Check Below:  |                    |                        | LOCAL LIC          | ENSING AUTH  | ORITY       |
| APPROVED:  |                    |                        | By:                |  |             |
| DISAPPROVED:   |                    |                        |                    |  |             |
| (If disapproved explain)   |                    |                        |                    |  |             |
|  |                    |                        |                    |  |             |
| DATE:  |                    |                        |                    |  |             |
| DINIL.   |                    |                        |                    |  |             |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NUMBER                     | :079600056        |  | CITY OR TOW       | N NEWBUR        | IPORI       |
|------------------------------------|-------------------|--|-------------------|-----------------|-------------|
| APPLICATION FOR                    | RENEWAL:          | Annual   | LICE              | ENSED FOR 2     | 013         |
|                                    |                   | CLASS  |                   |                 | YEAR        |
| LICENSEE NAME:<br>DOING BUSINESS A |                   |  |                   |                 |             |
| ADDRESS 45 STOR                    | EY AVENUE         |  |                   |                 |             |
| CITY/TOWN: NEW                     | BURYPORT          | STATE: MA  | ZIP CODE:         | 01950           |             |
| MANAGER: VU,                       | GERRY             | TYPE OF LICENSE:P  | ackage Store      | CATEGORY:       | All Alcohol |
| EMAIL ADDRESS:                     |                   |  |                   |                 |             |
| 1                                  | PLEASE ALSO VISIT | OUR WEBSITE AND ENTER YOUR   | EMAIL ADDRESS     |                 | _           |
| DESCRIPTION OF I                   | LICENSED PR       | EMISES:  |                   |                 |             |
|                                    |                   | ALL. PUBLIC ENTRNA<br>LAT ROOF WITH SUSI   |                   |                 | RANCE       |
|                                    | ses are now ope   | I with all laws of the Coren for business (If not expendent or Authorized Coren for Authorize | plain below)      | g to taxes; and |             |
|                                    |                   |  |                   |                 |             |
|                                    |                   |  |                   |                 |             |
| DATE:                              | TELEP             | HONE NUMBER:   |                   | ER IDENTIFICAT  |             |
| Please Check Below: APPROVED:      |                   |  | LOCAL LICE<br>By: | NSING AUTH      | ORITY       |
| DISAPPROVED:                       |                   |  |                   |                 |             |
| (If disapproved expla              | ın)               |  |                   |                 |             |
| DATE:                              |                   |  |                   |                 |             |



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| LICENSE NUMBER   | R: 079600057   |                                   | CITY OR TOWN                   | NEWBURY      | YPORT .     |
|--|--|-----------------------------------|--------------------------------|--------------|-------------|
| APPLICATION FOR  | R RENEWAL:   | Annual                            | LICEN                          | SED FOR 20   | 13          |
| A ACENATE MANAGE   |  | CLASS                             |                                |              | YEAR        |
|  | NEWBURYPORT BE   |                                   |                                |              |             |
|  | A BLACK COW TAP  | & GRILL                           |                                |              |             |
| ADDRESS 00054R   | MERRIMAC ST.   |                                   |                                |              |             |
| CITY/TOWN: NEV   | VBURYPORT  | STATE: MA                         | ZIP CODE:                      | 01950        |             |
| MANAGER: LEO   | NE, JOSEPH A. TYPE (   | OF LICENSE: R                     | estaurant CA                   | ATEGORY:     | All Alcohol |
| EMAIL ADDRESS:   |  |                                   |                                |              |             |
|  | PLEASE ALSO VISIT OUR WEBSI  | TE AND ENTER YOUR                 | EMAIL ADDRESS                  |              |             |
| FIRST FLOOR RES<br>STORES,ONE FRO                                  | LICENSED PREMISES<br>TAURANT AND LOU!<br>NT ENTRANCE. CELL<br>EN TWO ROOMS INSI                                | NGE IN TWO S<br>AR FOR STOR       | AGE,TWO EMERGI                 | ENCY DOOF    | RS ONE      |
| <ol> <li>the renew</li> <li>the license</li> </ol>                 | swear under penalties of<br>red license will be of the<br>ee has complied with all<br>ses are now open for bus | same type for the laws of the Con | nmonwealth relating to         |              |             |
| SIGNED BY  | Individual, Partner or   | Authorized Corp                   | oorate Officer                 |              |             |
|  |  |                                   |                                |              |             |
| DATE:  | TELEPHONE N  | NUMBER:                           | EMPLOYER (Note: <u>NOT</u> Ind | LIDENTIFICAT |             |
| Acts of 2004, signed   | d, attest that we are in<br>d by the building inspec<br>(2) the certificate of liq                             | ctor and the he                   | ad of the fire departı         | ment for the | above       |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | ain)   |                                   | LOCAL LICENS<br>By:            | ING AUTHO    | ORITY       |
| DATE:  |  |                                   |                                |              |             |



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| LICENSE NUMBE                    | 2K: 0/9600061           | '                         | CITY OR TOWN NEW!   | DURTPURT                     |
|----------------------------------|-------------------------|---------------------------|---|------------------------------|
| APPLICATION FO                   | OR RENEWAL:             | Annual                    | LICENSED FC   | PR 2013                      |
|                                  |                         | CLASS                     |   | YEAR                         |
| LICENSEE NAME                    | : MR. INDIA, INC        |                           |   |                              |
| DOING BUSINESS                   | S A MR. INDIA           |                           |   |                              |
| ADDRESS 114 MI                   | ERRIMAC STREET          |                           |   |                              |
| CITY/TOWN: NE                    | EWBURYPORT              | STATE: MA                 | ZIP CODE: 01950   | )                            |
| MANAGER: Kac<br>Kur              |                         | PE OF LICENSE: Rest       | aurant CATEGO   | RY: Wine and<br>Malt Regular |
| EMAIL ADDRESS                    | S:                      |                           |   |                              |
|                                  | PLEASE ALSO VISIT OUR W | EBSITE AND ENTER YOUR EMA | AIL ADDRESS   |                              |
|                                  | F LICENSED PREMI        |                           |   |                              |
| DINING HALL, K                   | ITCHEN, BATHROC         | OM AND TWO EXITS          |   |                              |
|                                  |                         |                           |   |                              |
| 2. the licen                     | isee has complied with  | * *                       |   |                              |
| DATE:                            | TEI EPHON               | NE NUMBER:                | EMPLOYER IDENTII  | FICATION NUMBER:             |
|                                  | TEELTHOI                | VE IVOIVIDEIC.            | (Note: NOT Individual So  | ocial Security Number)       |
| Acts of 2004, sign               | ed by the building in   | spector and the head      | certificate required by C<br>of the fire department for<br>ance required by Chapter | the above                    |
| Please Check Below:              | _                       |                           | LOCAL LICENSING AU  | JTHORITY                     |
| APPROVED:                        |                         |                           | By:   |                              |
| DISAPPROVED: (If disapproved exp | Ll<br>lain)             |                           |   |                              |
| (11 disapproved exp              | <i>,</i>                |                           |   |                              |
|                                  |                         |                           |   |                              |
| DATE:                            |                         |                           |   |                              |



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| LICENSE NUMBE          | R: 079600063   |                        | CITY OR TOWN N           | EWBURYPORT                  |
|------------------------|--|------------------------|--------------------------|-----------------------------|
| APPLICATION FO         | R RENEWAL:   | Annual                 | LICENSEI                 | FOR 2013                    |
|                        |  | CLASS                  |                          | YEAR                        |
| LICENSEE NAME:         | Second Michaela Con                                  | rp                     |                          |                             |
| DOING BUSINESS         | A MISSION OAK GE                                     | RILL                   |                          |                             |
| ADDRESS 26 GRE         | EN STREET  |                        |                          |                             |
| CITY/TOWN: NE          | WBURYPORT  | STATE: MA              | ZIP CODE: 0              | 1950                        |
| MANAGER: Aug           | usto, Wellington TYPE                                | OF LICENSE: Res        | taurant CATE             | EGORY: All Alcohol          |
| EMAIL ADDRESS:         |  |                        |                          |                             |
|                        | PLEASE ALSO VISIT OUR WEBS                           | SITE AND ENTER YOUR EM | IAIL ADDRESS             |                             |
|                        | LICENSED PREMISE                                     |                        |                          |                             |
|                        | URCH CONSISTING (<br>OR AND MEZZANINI                |                        |                          | LOOR3000 SQ.                |
| I hereby certify and   | swear under penalties o                              | f perjury that:        |                          |                             |
| 1. the renev           | ved license will be of the                           | e same type for the    | same premises now lice   | ensed;                      |
| 2. the licens          | see has complied with a                              | ll laws of the Comm    | nonwealth relating to ta | xes; and                    |
| 3. the prem            | ises are now open for bu                             | usiness (If not expla  | in below)                |                             |
|                        |  |                        |                          |                             |
| SIGNED BY              | Individual, Partner o                                | r Authorized Corpo     | rate Officer             |                             |
|                        |  |                        |                          |                             |
|                        |  |                        |                          |                             |
| DATE:                  | TELEPHONE  | NUMBER:                | EMPLOYER IDE             | ENTIFICATION NUMBER:        |
|                        | TEEETHONE  | IVONIBEIV.             | (Note: NOT Individual    | ual Social Security Number) |
| W. 4b                  | . 1 44 4 41 4  |                        | 4                        | Cl 4 204 - £4b -            |
|                        | ed, attest that we are in<br>ed by the building insp |                        |                          |                             |
| named license and      | (2) the certificate of li                            |                        |                          |                             |
| of 2010.               |  |                        |                          |                             |
| Please Check Below:    |  |                        | LOCAL LICENSING          | G AUTHORITY                 |
| APPROVED: DISAPPROVED: |  |                        | By:                      |                             |
| (If disapproved expl   | ain)   |                        |                          |                             |
|                        | •  |                        |                          |                             |
|                        |  |                        |                          |                             |
| DATE:                  |  |                        |                          |                             |
| APPLICATION FOR RENE   | WAL MUST BE FILED BY LICI                            | ENSEES DURING THE MO   | ONTH OF NOVEMBER (M.G.L. | Ch. 138 \$ 16A)             |



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| LICENSE NUMBER: 07960  | 00064   |   | CIT                         | Y OR TOW                 | NEWBUR                     | YPORT        |
|--|---|---|-----------------------------|--------------------------|----------------------------|--------------|
| APPLICATION FOR RENI   | EWAL:   | Annual  |                             | LICE                     | NSED FOR 20                | )13          |
|  |   | CLASS   |                             |                          |                            | YEAR         |
| LICENSEE NAME: NEW DOING BUSINESS A THI ADDRESS 10 STATE STR   | E PHOENIX ROC   |   | ARBORS                      | SIDE LLC                 |                            |              |
| CITY/TOWN: NEWBURY   |   | STATE: N  | ſΑ                          | ZIP CODE:                | 01950                      |              |
|  | THEW TYPE C   |   |                             | on                       | CATEGORY:                  | All Alcohol  |
|  | LSO VISIT OUR WEBSIT  |   | UR EMAIL A                  | DDRESS                   |                            |              |
| DESCRIPTION OF LICEN<br>LICENSED PREMISES CO<br>APPROXIMATELY 2340 S<br>SEPARATE KITCHEN AP<br>FRAME BUILDING WITH<br>PREMISE FROM BOTH IN | ONSIST OF A MA<br>SQ. FTA SEPAR<br>PROX. 96 SQ. FI<br>TWO MEANS O | AIN FUNCT<br>RATE BAR F<br>I. THE STR<br>OF INGRESS | ROOM A<br>UCTURE<br>S AND E | PPROX. 460<br>E CONSISTS | SQ. FT. AND<br>OF A 3 STOR | A<br>Y BRICK |
| 1. the renewed licer 2. the licensee has c 3. the premises are   | nse will be of the scomplied with all                             | same type for<br>laws of the C                      | Commonw                     | vealth relating          |                            |              |
| SIGNED BY Indiv  | idual, Partner or A   | Authorized C  | orporate                    | Officer                  |                            |              |
| DATE:  | TELEPHONE N   | UMBER:  |                             |                          | ER IDENTIFICAT             |              |
| We the undersigned, attes<br>Acts of 2004, signed by the<br>named license and (2) the<br>of 2010.  | e building inspec   | tor and the   | head of t                   | he fire depar            | tment for the              | above        |
| Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)   |   |   | Lo<br>By                    |                          | NSING AUTHO                | ORITY        |
| DATE:  |   |   | _                           |                          |                            |              |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER:  | 079600066   |                                 | CITY OR TOW                      | N NEWBUR       | YPORT       |
|--|---|---------------------------------|----------------------------------|----------------|-------------|
| APPLICATION FOR  | RENEWAL:  | Annual                          | LICE                             | ENSED FOR 2    | 013         |
|  |   | CLASS                           |                                  |                | YEAR        |
|  | NOT YOUR AVERAG   |                                 |                                  |                |             |
| ADDRESS 0001-3 MA  | ARKET SQUARE  |                                 |                                  |                |             |
| CITY/TOWN: NEW   | BURYPORT S  | STATE: MA                       | ZIP CODE:                        | 01950          |             |
| MANAGER: GEMB<br>DOUG  |   | F LICENSE: Re                   | staurant                         | CATEGORY:      | All Alcohol |
| EMAIL ADDRESS:   |   |                                 |                                  |                |             |
| PI   | EASE ALSO VISIT OUR WEBSITE   | AND ENTER YOUR E                | MAIL ADDRESS                     |                | _           |
| DESCRIPTION OF L   | ICENSED PREMISES:   |                                 |                                  |                |             |
| 2. the licensee 3. the premise SIGNED BY                           | d license will be of the sa<br>has complied with all lass are now open for busing<br>Individual, Partner or A | nws of the Comness (If not expl | monwealth relating<br>ain below) |                |             |
|  |   | umorazea corp                   |                                  |                |             |
| DATE:  | TELEPHONE NU  | JMBER:                          |                                  | ER IDENTIFICAT |             |
| Acts of 2004, signed   | attest that we are in poby the building inspect ) the certificate of liquo                                    | or and the hea                  | d of the fire depa               | rtment for the | above       |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | ]<br>n)   |                                 | LOCAL LICEN<br>By:               | NSING AUTH     | ORITY       |
| DATE:  |   |                                 |                                  |                |             |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER: 079600067   |                          | CITY OR TOWN NEWBUI                       | RYPORT                     |
|---|--------------------------|---|----------------------------|
| APPLICATION FOR RENEWAL:  | Annual                   | LICENSED FOR                              | 2013                       |
|   | CLASS                    |   | YEAR                       |
| LICENSEE NAME: GIUSEPPE'S FRES  | SH PASTA FINE FO         | OD, INC                                   |                            |
| DOING BUSINESS A GIUSEPPE'S FRI   | ESH PASTA FINE FO        | OOD                                       |                            |
| ADDRESS 257 LOW ST  |                          |   |                            |
| CITY/TOWN: NEWBURYPORT  | STATE: MA                | ZIP CODE: 01950                           |                            |
| MANAGER: riggillo-masia, TYF andrea m.  | PE OF LICENSE: Rest      | aurant CATEGORY                           | : Wine and<br>Malt Regular |
| EMAIL ADDRESS:  |                          |   |                            |
| PLEASE ALSO VISIT OUR WE  | EBSITE AND ENTER YOUR EM | AIL ADDRESS                               |                            |
| DESCRIPTION OF LICENSED PREMIS  |                          |   |                            |
| 44 SEATINGS, TAKE OUT, EAT IN, TY<br>REAR OF BLDG. EXPANDED NEXT D  |                          |   | EXITS IN                   |
| the licensee has complied with     the premises are now open for  SIGNED BY  Individual, Partner                                  | all laws of the Comm     | onwealth relating to taxes; and in below) |                            |
|   |                          |   |                            |
| DATE: TELEPHON  | E NUMBER:                | EMPLOYER IDENTIFICA                       | ATION NUMBER:              |
|   | E IVOIVIBEIX.            | (Note: NOT Individual Social              | Security Number)           |
| We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010. | spector and the head     | of the fire department for th             | e above                    |
| Please Check Below: APPROVED: DISAPPROVED:  |                          | LOCAL LICENSING AUTH<br>By:               | HORITY                     |
| (If disapproved explain)  DATE:   |                          |   |                            |



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| LICENSE NUMBER: 079600068  |   | CITY OR TOWN NEWBUR  | RYPORT                |
|--|---|--|-----------------------|
| APPLICATION FOR RENEWAL:   | Annual  | LICENSED FOR 2   | 013                   |
|  | CLASS   |  | YEAR                  |
| LICENSEE NAME: angie's food & DOING BUSINESS A ANGIE'S ADDRESS 7 PLEASANT STREET                                     | diner, inc.   |  |                       |
| CITY/TOWN: NEWBURYPORT   | STATE: MA   | ZIP CODE: 01950  |                       |
|  | TYPE OF LICENSE:R                                     |  | Wine and Malt Regular |
| EMAIL ADDRESS:   |   |  | 7                     |
| PLEASE ALSO VISIT O DESCRIPTION OF LICENSED PRE  | UR WEBSITE AND ENTER YOUR EMISES:                     | EMAIL ADDRESS  |                       |
|  | e of the same type for th<br>with all laws of the Com | e same premises now licensed;<br>nmonwealth relating to taxes; and<br>plain below) |                       |
| SIGNED BY Individual, Par  | rtner or Authorized Corp                              | porate Officer   |                       |
| DATE: TELEPH   | HONE NUMBER:  | EMPLOYER IDENTIFICA (Note: NOT Individual Social                                   |                       |
| We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certificat of 2010. | g inspector and the hea                               | ad of the fire department for the  | e above               |
| Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)   |   | LOCAL LICENSING AUTH<br>By:  | ORITY                 |
| DATE:  APPLICATION FOR RENEWAL MUST BE FILED   | BY LICENSEES DURING THE                               | MONTH OF NOVEMBER (M.G.L. Ch. 138 \$   | 16A)                  |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER                     | :: 079600069  |   | CITY OR TOWN                    | NEWBURYPORT   |  |  |
|------------------------------------|---|---|---------------------------------|---|--|--|
| APPLICATION FOR                    | R RENEWAL:  | Annual                                      | SED FOR 2013                    |   |  |  |
|                                    |   | CLASS                                       |                                 | YEAR  |  |  |
| LICENSEE NAME:                     | SAINI-KERR REST   | CAURANT, INC                                |                                 |   |  |  |
| DOING BUSINESS                     | A JEWEL IN THE C  | ROWN  |                                 |   |  |  |
| ADDRESS 23 PLEA                    | SANT ST   |   |                                 |   |  |  |
| CITY/TOWN: NEW                     | VBURYPORT   | STATE: MA                                   | ZIP CODE:                       | 01950   |  |  |
|                                    | UNIA, TYPI<br>VINDER S.   | E OF LICENSE:R                              | estaurant C.                    | ATEGORY: All Alcohol  |  |  |
| EMAIL ADDRESS:                     |   |   |                                 |   |  |  |
| ]                                  | PLEASE ALSO VISIT OUR WEE   | BSITE AND ENTER YOUR                        | EMAIL ADDRESS                   |   |  |  |
|                                    | LICENSED PREMISI  |   |                                 |   |  |  |
|                                    | E FRONT DOOR, ON<br>TWO BATHROOMS   |   |                                 |   |  |  |
| 2. the license                     | ed license will be of the ee has complied with a ses are now open for be Individual, Partner of | all laws of the Cor<br>ousiness (If not exp | nmonwealth relating to          |   |  |  |
|                                    |   |   |                                 |   |  |  |
| DATE:                              | TELEPHONE   | E NUMBER:                                   | EMPLOYER IDENTIFICATION NUMBER: |   |  |  |
|                                    |   |   | (Note: NOT Inc                  | dividual Social Security Number)  |  |  |
| Acts of 2004, signed               | by the building insp  | pector and the he                           | ad of the fire depart           | ed by Chapter 304 of the<br>ment for the above<br>Chapter 116 of the Acts |  |  |
| Please Check Below:                |   |   | LOCAL LICENS                    | SING AUTHORITY  |  |  |
| APPROVED:                          |   |   | By:                             |   |  |  |
| DISAPPROVED: (If disapproved expla | <br>uin)  |   |                                 |   |  |  |
| (11 disapproved expla              | · <i>)</i>  |   |                                 |   |  |  |
|                                    |   |   |                                 |   |  |  |
| DATE:                              |   |   |                                 |   |  |  |



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| LICENSE NUMB                                   | EK: 0/96000/1   |   | CITY OR TOWN          | NEWBUK            | IPORI           |
|--|---|---|-----------------------|-------------------|-----------------|
| APPLICATION F                                  | OR RENEWAL:   | Annual  | LICENSED FOR 2013     |                   |                 |
|  |   | CLASS   |                       |                   | YEAR            |
| LICENSEE NAM                                   | E: LIME GROVE   | CORP.   |                       |                   |                 |
| DOING BUSINES                                  | SS A BROWN SU   | GAR BY THE SEA  |                       |                   |                 |
| ADDRESS 75 WA                                  | ATER STREET   |   |                       |                   |                 |
| CITY/TOWN: N                                   | EWBURYPORT  | STATE: MA   | ZIP CODE:             | 01950             |                 |
| MANAGER: PI                                    | NYOCHON,<br>RINYA   | TYPE OF LICENSE: Res  | staurant C.           | ATEGORY:          | All Alcohol     |
| EMAIL ADDRES                                   | S:  |   |                       |                   |                 |
|  | PLEASE ALSO VISIT OF  | UR WEBSITE AND ENTER YOUR EN  | MAIL ADDRESS          |                   | _               |
|  | F LICENSED PRE  |   |                       |                   |                 |
| 2000 S/F RESTAU                                | JRANT & 200 S/F   | STORAGE; STREET LI  | EVEL.                 |                   |                 |
|  |   |   |                       |                   |                 |
| <ol> <li>the rene</li> <li>the lice</li> </ol> | ewed license will be<br>nsee has complied<br>mises are now open | lties of perjury that: e of the same type for the with all laws of the Comm for business (If not expla- there or Authorized Corpo | nonwealth relating to |                   |                 |
| DATE:  | TELEPH  | IONE NUMBER:  |                       |                   | ION NUMBER:     |
|  |   |   | (Note: NOT Inc        | lividual Social S | ecurity Number) |
| Acts of 2004, sign                             | ned by the building   | are in possession (1) the<br>g inspector and the head<br>e of liquor liability insu   | l of the fire depart  | ment for the      | above           |
| Please Check Below:                            |   |   | LOCAL LICENS          | SING AUTHO        | ORITY           |
| APPROVED:                                      |   |   | By:                   |                   |                 |
| DISAPPROVED: (If disapproved ex                | plain)  |   |                       |                   |                 |
| (11 disappioved ex                             | Piulli)   |   |                       |                   | _               |
|  |   |   |                       |                   | <del></del>     |
| DATE:  |   |   |                       |                   |                 |



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| LICENSE NUI   | MBER: 079600072                        |   | CITY OR TOWN                      | NEWBURY             | YPORT                           |
|---|--|---|-----------------------------------|---------------------|---------------------------------|
| APPLICATIO  | N FOR RENEWAL:                         | Annual  | Annual LICENSED FOR 2013          |                     |                                 |
|   |  | CLASS   |                                   |                     | YEAR                            |
| DOING BUSI  | AME: JOPPA FINE F<br>NESS A JOPPA FINE |   |                                   |                     |                                 |
| ADDRESS 50  |  |   | ZID CODE                          | 01050               |                                 |
| CITY/TOWN:  | NEWBURYPORT                            | STATE: MA   | ZIP CODE:                         | 01950               |                                 |
| MANAGER:  | BATCHELDER,<br>ABBIE                   | TYPE OF LICENSE: Pa                                 | ckage Store Ca                    | ATEGORY:            | Wine and<br>Malt Regular        |
| EMAIL ADDR  | RESS:                                  |   |                                   |                     |                                 |
|   | PLEASE ALSO VISIT OF                   | UR WEBSITE AND ENTER YOUR I                         | EMAIL ADDRESS                     |                     |                                 |
| DESCRIPTION   | N OF LICENSED PRE                      | EMISES:   |                                   |                     |                                 |
| 2. the  | licensee has complied                  | e of the same type for the with all laws of the Com | monwealth relating to             |                     |                                 |
| SIGNED BY   | Individual, Par                        | rtner or Authorized Corp                            | orate Officer                     |                     |                                 |
| DATE:   | TELEPH                                 | HONE NUMBER:  | EMPLOYER<br>(Note: <u>NOT</u> Ind |                     | TION NUMBER:<br>ecurity Number) |
| Please Check Belo<br>APPROVED:<br>DISAPPROVE<br>(If disapproved | ED:                                    |   | LOCAL LICENS By:                  | ING AUTHO           | ORITY                           |
| DATE:   |  |   |                                   |                     |                                 |
| APPLICATION FOR   | RENEWAL MUST BE FILED                  | BY LICENSEES DURING THE N                           | MONTH OF NOVEMBER (M              | .G.L. Ch. 138 \$ 16 | 5A)                             |



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| 4                                  | CITY OR TOWN NEWBU  | RYPORT  |  |  |
|------------------------------------|---|---|--|--|
| AL: Annual                         | Annual LICENSED FOR   |   |  |  |
| CLASS                              |   | YEAR  |  |  |
| APAN                               |   |   |  |  |
| APAN                               |   |   |  |  |
| UE                                 |   |   |  |  |
| RT STATE: MA                       | ZIP CODE: 01950   |   |  |  |
| TYPE OF LICENSE: Res               | ctaurant CATEGORY   | Y: Wine and Malt Regular  |  |  |
|                                    |   |   |  |  |
| ISIT OUR WEBSITE AND ENTER YOUR EN | MAIL ADDRESS  | <u></u>   |  |  |
| PREMISES:                          |   |   |  |  |
| ROXIMATE SQ. FT. LOCAT             | ED IN THE WEST SHOPS C  | OF PORT   |  |  |
| penalties of perjury that:         |   |   |  |  |
| will be of the same type for the   | same premises now licensed;   |   |  |  |
| olied with all laws of the Comn    | nonwealth relating to taxes; an   | d   |  |  |
| open for business (If not expla    | nin below)  |   |  |  |
|                                    |   |   |  |  |
|                                    |   |   |  |  |
| l, Partner or Authorized Corpo     | orate Officer   |   |  |  |
|                                    |   |   |  |  |
|                                    |   |   |  |  |
| LEPHONE NUMBER:                    | EMPLOYER IDENTIFIC  |   |  |  |
|                                    | (Note: NOT Individual Socia   | al Security Number)   |  |  |
| ilding inspector and the head      | l of the fire department for t  | he above  |  |  |
|                                    | LOCAL LICENSING AUT   | HORITY  |  |  |
|                                    | By:   |   |  |  |
|                                    |   |   |  |  |
|                                    |   |   |  |  |
|                                    |   |   |  |  |
|                                    |   |   |  |  |
|                                    | Annual CLASS APAN APAN  UE  RT STATE: MA  TYPE OF LICENSE: Res  ISIT OUR WEBSITE AND ENTER YOUR EN PREMISES: ROXIMATE SQ. FT. LOCAT  penalties of perjury that: vill be of the same type for the blied with all laws of the Comm open for business (If not expla  I, Partner or Authorized Corpo  LEPHONE NUMBER:  at we are in possession (1) the filding inspector and the head | CLASS  APAN APAN  UE  RT STATE: MA ZIP CODE: 01950  TYPE OF LICENSE: Restaurant CATEGORY  INIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS PREMISES: ROXIMATE SQ. FT. LOCATED IN THE WEST SHOPS CO  penalties of perjury that: viil be of the same type for the same premises now licensed; blied with all laws of the Commonwealth relating to taxes; an open for business (If not explain below)  I, Partner or Authorized Corporate Officer  LEPHONE NUMBER: EMPLOYER IDENTIFIC (Note: NOT Individual Social to the wave are in possession (1) the certificate required by Challding inspector and the head of the fire department for the difficate of liquor liability insurance required by Chapter 1  LOCAL LICENSING AUT |  |  |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER                                      | C: 0/96000/5                                |                          | CITY OR TOWN NEWBOI  | RIPORI        |
|---|---|--------------------------|--|---------------|
| APPLICATION FOR                                     | R RENEWAL:                                  | Annual LICENSED FOR 2013 |  |               |
|   |   | CLASS                    |  | YEAR          |
| LICENSEE NAME:<br>DOING BUSINESS<br>ADDRESS 16 PLEA |   |                          |  |               |
|   |   | ATE. MA                  | 7ID CODE. 01050  |               |
| CITY/TOWN: NEV                                      |   | ATE: MA                  | ZIP CODE: 01950  |               |
| MANAGER: ELIA                                       | AS, CLAUDE TYPE OF I                        | LICENSE: Rest            | taurant CATEGORY   | : All Alcohol |
| EMAIL ADDRESS:                                      |   |                          |  |               |
|   | PLEASE ALSO VISIT OUR WEBSITE AN            | D ENTER YOUR EM.         | AIL ADDRESS  |               |
|   | LICENSED PREMISES:<br>LE STORY, BRICK STRUC | TURE SERV                | ICE OUTSIDE PATIO  |               |
|   | wear under penalties of perjudices          |                          | ICE OUTSIDE TATIO  |               |
| • •   |   | •                        | same premises now licensed;  |               |
| 2. the license                                      | ee has complied with all laws               | s of the Comm            | onwealth relating to taxes; and  | l             |
| 3. the premis                                       | ses are now open for busines                | s (If not explai         | in below)  |               |
| SIGNED BY   | Individual, Partner or Auth                 | norized Corpor           | rate Officer   |               |
| DATE:   | TELEPHONE NUM                               | BER:                     | EMPLOYER IDENTIFICATION (Note: NOT Individual Social   |               |
| Acts of 2004, signed                                | d by the building inspector                 | and the head             | certificate required by Chap<br>of the fire department for the<br>cance required by Chapter 11 | e above       |
| Please Check Below:                                 |   |                          | LOCAL LICENSING AUTI   | HORITY        |
| APPROVED:   | _   |                          | By:  |               |
| DISAPPROVED: [ (If disapproved explain              | oin)  |                          |  |               |
| (11 disappioved expir                               | <i>)</i>                                    |                          |  |               |
|   |   |                          |  |               |
| DATE:   |   |                          |  |               |
|   |   |                          |  |               |



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| LICENSE NUMBER: 0/96000/6  | '  | CITY OR TOWN NEWBOR                               | IPORI                    |
|--|--|---|--------------------------|
| APPLICATION FOR RENEWAL:   | Annual                                     | LICENSED FOR 2                                    | 013                      |
|  | CLASS                                      |   | YEAR                     |
| LICENSEE NAME: JACK & CHAP   | RLIE LLC                                   |   |                          |
| DOING BUSINESS A THE UPPER   | CRUST PIZZERIA                             |   |                          |
| ADDRESS 42-44 STATE STREET   |  |   |                          |
| CITY/TOWN: NEWBURYPORT   | STATE: MA                                  | ZIP CODE: 01950                                   |                          |
| MANAGER: TRAMONTANA, MARK  | ΓΥΡΕ OF LICENSE: Rest                      | aurant CATEGORY:                                  | Wine and<br>Malt Regular |
| EMAIL ADDRESS:   |  |   |                          |
| PLEASE ALSO VISIT OU   | R WEBSITE AND ENTER YOUR EMA               | AIL ADDRESS                                       | _                        |
| DESCRIPTION OF LICENSED PRE  | MISES:                                     |   |                          |
| APPROX.945 SQ. FT. OF INDOOR I<br>945 SQ. FT. OF INDOOR STORAGE<br>FT. OF SPACE IN THE BASEMENT<br>BUILDONG WITH TWO MEANS O | E SPACE ON THE SECO<br>T. THE STRUCTURE CO | ND FLOOR AND APPROX. 9<br>NSISTS OF A THREE STORY | 45 SQ.                   |
| I hereby certify and swear under penal   | ties of perjury that:                      |   |                          |
| 1. the renewed license will be   | of the same type for the s                 | same premises now licensed;                       |                          |
| 2. the licensee has complied v   | with all laws of the Comm                  | onwealth relating to taxes; and                   |                          |
| 3. the premises are now open   | for business (If not explain               | in below)   |                          |
| SIGNED BY Individual, Part   | tner or Authorized Corpor                  | rate Officer                                      |                          |
|  |  |   |                          |
| DATE: TELEPH   | ONE NUMBER:                                | EMPLOYER IDENTIFICAT                              |                          |
|  |  | (Note: NOT Individual Social S                    | Security Number)         |
| We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.       | inspector and the head                     | of the fire department for the                    | above                    |
| Please Check Below:  |  | LOCAL LICENSING AUTH                              | ORITY                    |
| APPROVED:  |  | By:   |                          |
| DISAPPROVED:   |  |   |                          |
| (If disapproved explain)   |  |   | <del></del> ,            |
|  |  |   |                          |
|  |  |   |                          |



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| LICENSE NUMBER   | ₹: 079600077  |                        | CITY                       | OR TOWN         | NEWBURY      | PORT        |
|--|---|------------------------|----------------------------|-----------------|--------------|-------------|
| APPLICATION FOI  | R RENEWAL:  | Annua                  | al                         | LICENS          | SED FOR 20   | 13          |
|  |   | CLAS                   | SS                         |                 | ,            | YEAR        |
|  | BOLWYN CORPO  |                        |                            |                 |              |             |
| ADDRESS 84 STAT  | SE STREET   |                        |                            |                 |              |             |
| CITY/TOWN: NEV   | WBURYPORT   | STATE:                 | MA ZII                     | P CODE:         | 01950        |             |
| MANAGER: ZEK   | E, JANAS TYP  | PE OF LICENS           | SE: Restaurant             | CA              | ATEGORY:     | All Alcohol |
| EMAIL ADDRESS:   |   |                        |                            |                 |              |             |
|  | PLEASE ALSO VISIT OUR WE  | EBSITE AND ENTER       | YOUR EMAIL ADDR            | RESS            |              |             |
| A MASS OPEN SP. SEATING FOR18                                      | R/LOUNGE AND D<br>ACE, OFFICE & STO<br>INCREASE THE SP  | ORAGEON<br>PACE BY 600 | SECOND FLO<br>FTEXPANI     | OOR, MEZZ       | ANINEOU      | TDOOR       |
| <ol> <li>the renew</li> <li>the licens</li> </ol>                  | swear under penalties<br>red license will be of<br>ee has complied with<br>ses are now open for | the same type i        | for the same precommonweal | Ith relating to |              |             |
| SIGNED BY  | Individual, Partner   | or Authorized          | Corporate Off              | ficer           |              |             |
| DATE:  | TELEPHON  | E NUMBER:              | (1)                        |                 | IDENTIFICAT  | ION NUMBER: |
| Acts of 2004, signed   | d, attest that we are<br>d by the building ins<br>(2) the certificate of                        | spector and th         | e head of the              | fire departn    | nent for the | above       |
| Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain | ain)  |                        | LOC. By:                   | AL LICENS       | ING AUTHO    | DRITY       |
| DATE:  |   |                        |                            |                 |              |             |



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

| LICENSE NU                    | MBER: 079600078                |                        | CITY OR TOWN NEWBU                                | RYPORT                      |
|-------------------------------|--------------------------------|------------------------|---|-----------------------------|
| APPLICATIO                    | N FOR RENEWAL:                 | Annual                 | LICENSED FOR                                      | 2013                        |
|                               |                                | CLASS                  |   | YEAR                        |
| LICENSEE NA                   | AME: MAC'S MEATS,LL            | C                      |   |                             |
| DOING BUSI                    | NESS A FOWLES GOURN            | MET MARKET             |   |                             |
| ADDRESS 34                    | 1 HIGH STREET                  |                        |   |                             |
| CITY/TOWN:                    | NEWBURYPORT                    | STATE: MA              | ZIP CODE: 01950                                   |                             |
| MANAGER:                      | MAC TYPE<br>DONALD,ANREW<br>B. | E OF LICENSE: Pa       | ckage Store CATEGORY                              | Y: Wine and<br>Malt Regular |
| EMAIL ADDI                    | RESS:                          |                        |   |                             |
|                               | PLEASE ALSO VISIT OUR WEI      | BSITE AND ENTER YOUR E | MAIL ADDRESS                                      | <u>-</u>                    |
| DESCRIPTIO                    | N OF LICENSED PREMISE          | ES:                    |   |                             |
|                               | TS AND SPECIALITY GRO          |                        | G MEATS CHEESES,DELI ,PI<br>ON UPSCALE & HIGH QUA |                             |
| I hereby certify              | y and swear under penalties    | of perjury that:       |   |                             |
| 1. the                        | renewed license will be of the | he same type for the   | e same premises now licensed;                     |                             |
| 2. the                        | licensee has complied with a   | all laws of the Com    | monwealth relating to taxes; an                   | d                           |
| 3. the                        | premises are now open for b    | ousiness (If not expl  | ain below)  |                             |
| SIGNED BY                     | Individual, Partner of         | or Authorized Corp     | orate Officer                                     |                             |
|                               |                                |                        |   |                             |
|                               |                                |                        |   |                             |
| DATE:                         | TELEPHONE                      | E NUMBER:              | EMPLOYER IDENTIFIC                                | ATION NUMBER:               |
|                               |                                |                        | (Note: NOT Individual Social                      | al Security Number)         |
|                               |                                |                        |   |                             |
| Please Check Below: APPROVED: |                                |                        | LOCAL LICENSING AUT                               | HORITY                      |
| DISAPPROVED.                  |                                |                        | By:   |                             |
| (If disapproved               | · —                            |                        |   |                             |
|                               | • /                            |                        |   |                             |
|                               |                                |                        |   |                             |
| DATE:                         |                                |                        |   |                             |



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| LICENSE NUMBER:         | 0/96000/9                                      |                                    | CITY OR TOWN NEWBO   | KIPUKI                   |
|-------------------------|--|------------------------------------|--|--------------------------|
| APPLICATION FOR         | RENEWAL:                                       | Annual                             | LICENSED FOR   | 2013                     |
|                         |  | CLASS                              |  | YEAR                     |
| LICENSEE NAME:          | GARRISON INN,C                                 | ORP.                               |  |                          |
| DOING BUSINESS A        | GARRISON INN                                   |                                    |  |                          |
| ADDRESS 11 BROW         | N SQ.  |                                    |  |                          |
| CITY/TOWN: NEW          | BURYPORT                                       | STATE: MA                          | ZIP CODE: 01950  |                          |
| MANAGER: MCFA           |  | E OF LICENSE: Innl                 | nolder CATEGORY  | ': Wine and Malt Regular |
| EMAIL ADDRESS:          |  |                                    |  |                          |
| P                       | LEASE ALSO VISIT OUR WEE                       | SITE AND ENTER YOUR EM             | AIL ADDRESS  |                          |
| DESCRIPTION OF L        | ICENSED PREMISI                                | ES:                                |  |                          |
| 11,988 SQ FT, GUES      | T RMS.ON 2ND FL<br>H 3 EGRESS & ING            | ,3RD FL. & 4TH. F<br>RESS.BASEMENT | Y ON GROUND FLOOR.API<br>L.CONSISTS OF A 4 STORY<br>AND ONE-HALF OF THE 1                    | BRICK                    |
| I hereby certify and sv | vear under penalties o                         | of perjury that:                   |  |                          |
| 1. the renewe           | d license will be of the                       | ne same type for the               | same premises now licensed;  |                          |
|                         | e has complied with a<br>es are now open for b |                                    | nonwealth relating to taxes; and in below)   | 1                        |
| SIGNED BY               | Individual, Partner o                          | or Authorized Corpo                | rate Officer   |                          |
|                         |  |                                    |  |                          |
| DATE:                   | TELEPHONE                                      | NUMBER:                            | EMPLOYER IDENTIFICA  | ATION NUMBER:            |
|                         |  |                                    | (Note: NOT Individual Social   | l Security Number)       |
| Acts of 2004, signed    | by the building insp                           | ector and the head                 | certificate required by Chap<br>of the fire department for the<br>ance required by Chapter 1 | ie above                 |
| Please Check Below:     |  |                                    | LOCAL LICENSING AUTI   | HORITY                   |
| APPROVED: DISAPPROVED:  |  |                                    | By:  |                          |
| (If disapproved explai  | n)   |                                    |  |                          |
|                         |  |                                    |  |                          |
| DATE:                   |  |                                    |  |                          |
| ν. 11 L.                |  |                                    |  |                          |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER:   | .079600080               |                | C          | H Y OI   | K IOW   | / IN | NEWD       | UKI     | PORT        |      |
|---|--------------------------|----------------|------------|----------|---------|------|------------|---------|-------------|------|
| APPLICATION FOR   | RENEWAL:                 | Annua          | ıl         |          | LIC     | ENS  | ED FOI     | R 20    | 13          |      |
|   |                          | CLAS           | S          |          |         |      |            | ,       | YEAR        |      |
| LICENSEE NAME:  | CASWELL RESTAU           | JRANT GRO      | OUP, INC   |          |         |      |            |         |             |      |
| DOING BUSINESS A  | A CEIA KITCHEN A         | ND BAR         |            |          |         |      |            |         |             |      |
| ADDRESS 25 STATI  | E STREET                 |                |            |          |         |      |            |         |             |      |
| CITY/TOWN: NEW  | BURYPORT                 | STATE:         | MA         | ZIP      | CODE:   |      | 01950      |         |             |      |
| MANAGER: CASW   | VELL, TYPE               | OF LICENS      | SE:Restau  | ırant    |         | CA   | TEGOR      | RY:     | All Alcoh   | ıol  |
| EMAIL ADDRESS:  |                          |                |            |          |         |      |            |         |             |      |
| P   | LEASE ALSO VISIT OUR WEB | SITE AND ENTER | YOUR EMAII | ADDRES   | S       |      |            |         |             |      |
| DESCRIPTION OF L  | ICENSED PREMISE          | ES:            |            |          |         |      |            |         |             |      |
| IN ONE ROOM ON I<br>ENTRANCE/EXIT O                                   |                          |                |            |          |         | N B  | ASEME      | ENT;    |             |      |
| I hereby certify and sy   |                          |                |            | UILDI    | NO      |      |            |         |             |      |
| •   | ed license will be of th |                |            | ne prei  | nises n | ow 1 | icensed    | :       |             |      |
|   | e has complied with a    | • •            |            | -        |         |      |            |         |             |      |
|   | es are now open for b    |                |            |          |         | 0    | ,          |         |             |      |
|   |                          |                |            |          |         |      |            |         |             |      |
| SIGNED BY   |                          |                |            |          |         |      |            |         |             |      |
|   | Individual, Partner o    | r Authorized   | Corporat   | e Offic  | er      |      |            |         |             |      |
|   |                          |                |            |          |         |      |            |         |             |      |
|   |                          |                |            |          |         |      |            |         |             |      |
| DATE:   | TELEPHONE                | NUMBER:        |            |          |         |      |            |         | ON NUMBI    |      |
|   |                          |                |            | (Not     | e: NOT  | Indi | vidual Soc | cial Se | curity Numb | oer) |
| We the undersigned Acts of 2004, signed named license and (2 of 2010. | by the building insp     | ector and th   | e head of  | f the fi | re depa | artn | ent for    | the a   | above       |      |
| Please Check Below:   |                          |                | 1          | LOCA     | LICE    | ENSI | NG AU      | тнс     | RITY        |      |
| APPROVED:   |                          |                |            | Ву:      | 2202    |      | 1,0110     |         |             |      |
| DISAPPROVED:  |                          |                |            |          |         |      |            |         |             |      |
| (If disapproved explai  | n)                       |                |            |          |         |      |            |         |             |      |
|   |                          |                |            |          |         |      |            |         |             |      |
| DATE:   |                          |                |            |          |         |      |            |         |             |      |
| DAIE.   |                          |                |            |          |         |      |            |         |             |      |



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| LICENSE NUMBER: 079600082  |  | CITY OR TOWN          | NEWBURYPORT                      |
|--|--|-----------------------|----------------------------------|
| APPLICATION FOR RENEWAL:   | Annual                                   | LICEN                 | SED FOR 2013                     |
|  | CLASS                                    |                       | YEAR                             |
| LICENSEE NAME: DUE REGAZZI LL<br>DOING BUSINESS A ENZO RESTAUR   |  |                       |                                  |
| ADDRESS 50 WATER STREET  |  |                       |                                  |
| CITY/TOWN: NEWBURYPORT   | STATE: MA                                | ZIP CODE:             | 01950                            |
| MANAGER: REILLY, DAVID TYPI  | E OF LICENSE: Res                        | staurant CA           | ATEGORY: All Alcohol             |
| EMAIL ADDRESS:   |  |                       |                                  |
| PLEASE ALSO VISIT OUR WEI<br>DESCRIPTION OF LICENSED PREMISI   |  | MAIL ADDRESS          |                                  |
| TWO STORY BRICK FRAME BUILDIN<br>EMERGENCY MEANS OF EGRESST<br>THE FIRST AND SECOND FLOOR ANI<br>FLOOR TOTALLING APPROX. 2800 SQ | HE RESTAURANT<br>O A SMALL OUTI<br>Q FT. | CONSISTS OF A         | DINING ROOM ON                   |
| I hereby certify and swear under penalties of  |  | _                     |                                  |
| 1. the renewed license will be of the  |  |                       |                                  |
| <ul><li>2. the licensee has complied with a</li><li>3. the premises are now open for b</li></ul>                                 |  | =                     | o taxes; and                     |
|  | rusiness (II not expir                   | in ociow)             |                                  |
| SIGNED BY Individual, Partner of   | or Authorized Corpo                      | orate Officer         |                                  |
|  |  |                       |                                  |
| DATE: TELEPHONE  | E NUMBER:                                | EMPLOYER              | DENTIFICATION NUMBER:            |
|  |  |                       | lividual Social Security Number) |
| We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and (2) the certificate of 1 of 2010.   | pector and the head                      | l of the fire departı | nent for the above               |
| Please Check Below:  |  | LOCAL LICENS          | ING AUTHORITY                    |
| APPROVED:  |  | By:                   |                                  |
| DISAPPROVED: [   |  |                       |                                  |
| (11 disappiored expiair)   |  |                       |                                  |
|  |  |                       |                                  |
| DATE:  |  |                       |                                  |
|  |  | -                     |                                  |



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| LICENSE NUMBE              | R: 079600083        |  | CITY OR TOWN           | NEWBURY         | YPORT           |
|----------------------------|---------------------|--|------------------------|-----------------|-----------------|
| APPLICATION FO             | R RENEWAL:          | Annual   | LICENS                 | SED FOR 20      | 013             |
|                            |                     | CLASS  |                        |                 | YEAR            |
| LICENSEE NAME              | : 17 STATE ST       | REET CAFÉ INC.   |                        |                 |                 |
| DOING BUSINESS             | S A                 |  |                        |                 |                 |
| ADDRESS 17 STA             | TE STREET           |  |                        |                 |                 |
| CITY/TOWN: NE              | WBURYPORT           | STATE: MA  | ZIP CODE:              | 01950           |                 |
|                            | ULTON,<br>ΓΗΥ RAE   | TYPE OF LICENSE:R  | estaurant CA           | TEGORY:         | All Alcohol     |
| EMAIL ADDRESS              | :                   |  |                        |                 |                 |
|                            | PLEASE ALSO VISIT ( | OUR WEBSITE AND ENTER YOUR   | EMAIL ADDRESS          |                 | _               |
| DESCRIPTION OF             | LICENSED PR         | EMISES:  |                        |                 |                 |
| 2954 SQ FT OF IN<br>EGRESS | DOOR RESTAU         | RANT SPACE ON GRO  | OUND LEVELO INC        | BRESS AND       | OTWO            |
| I hereby certify and       | swear under pen     | alties of perjury that:  |                        |                 |                 |
| 1. the renev               | wed license will b  | be of the same type for th   | e same premises now l  | licensed;       |                 |
| 2. the licen               | see has complied    | with all laws of the Con   | nmonwealth relating to | taxes; and      |                 |
| 3. the prem                | ises are now ope    | n for business (If not exp   | lain below)            |                 |                 |
|                            |                     |  |                        |                 |                 |
| SIGNED BY                  |                     |  |                        |                 |                 |
|                            | Individual, Pa      | artner or Authorized Corp  | orate Officer          |                 |                 |
|                            |                     |  |                        |                 |                 |
|                            |                     |  |                        |                 |                 |
| DATE:                      | TELEP               | HONE NUMBER:   |                        |                 | ION NUMBER:     |
|                            |                     |  | (Note: NOT Indi        | vidual Social S | ecurity Number) |
| Acts of 2004, signe        | ed by the buildir   | e are in possession (1) t<br>ng inspector and the hea<br>nte of liquor liability ins | ad of the fire departn | nent for the    | above           |
| Please Check Below:        |                     |  | LOCAL LICENSI          | NG AUTHO        | ORITY           |
| APPROVED:                  |                     |  | By:                    |                 |                 |
| DISAPPROVED:               |                     |  |                        |                 |                 |
| (If disapproved expl       | lain)               |  |                        |                 |                 |
|                            |                     |  |                        |                 |                 |
| DATE:                      |                     |  |                        |                 |                 |
| DAIE.                      |                     |  |                        |                 |                 |



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### ON PREMISES LICENSE RENEWAL APPLICATION

| LICENSE NUMBER:                               | J/9600084                                      |                     | CITY       | OR TOWN      | NEWBUR            | IPUKI            |
|---|--|---------------------|------------|--------------|-------------------|------------------|
| APPLICATION FOR I                             | RENEWAL:                                       | Annual              |            | LICEN        | ISED FOR 2        | 013              |
|   |  | CLASS               |            |              |                   | YEAR             |
| LICENSEE NAME:                                | EMNIC INCORPOR                                 | ATED                |            |              |                   |                  |
| DOING BUSINESS A                              | ANDIAMO RESTA                                  | AURANT & BAR        | 2          |              |                   |                  |
| ADDRESS 24 WINTE                              | ER STREET                                      |                     |            |              |                   |                  |
| CITY/TOWN: NEWI                               | 3URYPORT                                       | STATE: MA           | ZI         | P CODE:      | 01950             |                  |
| MANAGER: ROGE                                 | RS, JAMES F.TYPE                               | OF LICENSE: R       | estaurant  | C            | ATEGORY:          | All Alcohol      |
| EMAIL ADDRESS:                                |  |                     |            |              |                   |                  |
| PL  | EASE ALSO VISIT OUR WEBS                       | SITE AND ENTER YOUR | EMAIL ADDI | RESS         |                   |                  |
| DESCRIPTION OF LI                             | CENSED PREMISE                                 | S:                  |            |              |                   |                  |
| TWO STORY FRAME                               |  |                     |            |              |                   | ID               |
| FLOOR IS RESTAUR                              |  |                     | CCESS A    | AND EGRE     | SS                |                  |
| I hereby certify and sw                       | •  |                     |            |              | , liaanaad.       |                  |
|   | l license will be of the has complied with all | • •                 | -          |              |                   |                  |
|   | s are now open for bu                          |                     |            | _            | io taxes, and     |                  |
|   |  | asmoss (11 not on   |            | ,            |                   |                  |
| SIGNED BY                                     |  |                     |            |              |                   |                  |
|   | Individual, Partner or                         | r Authorized Cor    | orate Of   | ficer        |                   |                  |
|   |  |                     |            |              |                   |                  |
|   |  |                     |            |              |                   |                  |
| DATE:   | TELEPHONE                                      | NIIMRER:            |            | EMPLOYE      | R IDENTIFICAT     | ΓΙΟΝ NUMBER:     |
|   | TEEETHOIVE                                     | IVOWIDER.           | (1         | Note: NOT In | dividual Social S | Security Number) |
|   |  |                     | _          |              |                   |                  |
| We the undersigned,<br>Acts of 2004, signed l |  |                     |            |              |                   |                  |
| named license and (2)                         |  |                     |            | _            |                   |                  |
| of 2010.                                      |  |                     |            |              |                   |                  |
| Please Check Below:                           |  |                     | LOC        | AL LICEN     | SING AUTH         | ORITY            |
| APPROVED:                                     | _  |                     | By:        |              |                   |                  |
| DISAPPROVED:                                  |  |                     |            |              |                   |                  |
| (If disapproved explain                       | 1)   |                     |            |              |                   |                  |
|   |  |                     |            |              |                   |                  |
| DATE:   |  |                     | -          |              |                   |                  |
| DAIL.   |  |                     |            |              |                   |                  |